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DO NOT STAPLE



Form LP 203 January 2005

Filing Fee: \$25

Submit in duplicate. Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to Secretary of State. Please do not send cash.

Department of Business Services Limited Partnership Division 357 Howlett Building Springfield, IL 62756 <17-785-8960 www.cyberdriveillinois.com

Correspondence regarding this filling will be sent to the registered agent of the Limited Partnership unless a selfaddressed, stamped envelope is included.



Doc#: 0525556247 Fee: \$26.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 09/12/2005 02:27 PM Pg: 1 of 2

Illimois Secretary of State Department of Business Services Certificate of Cancellation or Termination of the Certificate of Limited Partnership (Illinois Limited Partnership)

Please type or print clearly.

DAT	SOS	FILE	included.	Certificate of Cancellation or Termination of the Certificate of Limited Partnership (Illinois Limited Partnership)			
			or print clearly.				
1.	Limite	ed Par	tnership name: PARK HILL	PLAZA LIMITED PARTNERSHIP			
			er assigned by Secretary of Sta				
	. Federal Employer Identification Number (F.E.I.N.): 364042/55						
4. Reason for filing a Certificate of Cancellation: THIS LIMITED PARTNERSHIP IN				ation: THIS LIMITED PARTNERSHIP IN NOW REGISTERED			
			C# 01548565				
5.	™ fi	ling da		lays subsequent to filing date			
6.	Date (munit, day, year) Address, including county, to which the Secretary of State may mail a copy of any process against the Limited Partnership that may be served on him/her (P.O. Box only is unacceptable):						
	MONTE C. STRUSINER						
	401 F	HUEH	IL ROAD, SUITE 1A				
	NOR	тнві	ROOK, ILLINOIS 60062	COUNTY OF COOK			
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			

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Form LP 203

Names and Business Addresses of all General Partners

Th	e undersigned affirms, under penalties of perjury, t	hat the	facts stated herein are true. All general partners
arı	e required to sign the Certificate of Cancellation.		
1.	Mour Survey	2. [):1./4
	MONTE C. STRUSINER, secretary		RICK STRUSINER, fresident
	Name and Title (type or print) C/S Land Development		Name and Titte (type or print) C/S Land Development
	General Part: er Name if corporation or other entity 401 FUEHL ROAD, SUITE 1A	_	General Partner Name if corporation or other entity 401 HUEHL ROAD, SUITE 1A
	NORTHBROCK H.LINOIS, 60062, COOK		Street Address NORTHBROOK, ILLINOIS, 60062, COOK
	City, State (1) County	Ang :	City, State, ZIP, County
3.		4	
	Signature		Signature
	Name and Title (type or print)	_	Name and Title (type or print)
	General Partner Name if corporation or other entity		General Partner Name if corporation or other entity
	Street Address		Street Address
	City, State, ZIP, County	- <i>G</i>	City, State, ZIP, County

Signatures must be in black ink on an original document.

Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.