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Form LP 203
January 2005



Doc#: 0601245107 Fee: \$26.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 01/12/2006 02:15 PM Pg: 1 of 2

DATE 12-30-05 FEE \$75 -
COSIL FILE NO. 5006855
MILWAUKEE WIS. A/F

Filing Fee: \$25

Submit in duplicate. Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.R.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
217-785-8960
www.cyberdrivellinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

**Illinois 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.

- Limited Partnership name: NORTH RIVERSIDE LIMITED PARTNERSHIP
- File number assigned by Secretary of State: S006855
- Federal Employer Identification Number (F.E.I.N.): 36-286,950
- Reason for filing a Certificate of Cancellation: WINDING UP OF BUSSINESS-DISSOLUTION
- This Certificate of Cancellation is effective on (check one):
 filing date
 a later date, but not more than 60 days subsequent to filing date _____ (Date: month, 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):
2 N. LASALLE, SUITE 1300, CHICAGO, ILLINOIS 60602

RETURN TO BOX 242 JMF

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Form LP 203

Names and Business Addresses of all General Partners

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. All general partners are required to sign the Certificate of Cancellation.

<p>1. <u>David B. Berzon</u> Signature</p> <p><u>DAVID B. BERZON, VICE-PRESIDENT</u> Name and Title (type or print)</p> <p><u>NRP CORPORATION</u> General Partner Name if corporation or other entity</p> <p><u>875 N. MICHIGAN AVENUE, SUITE 4114</u> Street Address</p> <p><u>CHICAGO, ILLINOIS 60611</u> City, State, ZIP, County</p>	<p>2. _____ Signature</p> <p>_____ Name and Title (type or print)</p> <p>_____ General Partner Name if corporation or other entity</p> <p>_____ Street Address</p> <p>_____ City, State, ZIP, County</p>
<p>3. _____ Signature</p> <p>_____ Name and Title (type or print)</p> <p>_____ General Partner Name if corporation or other entity</p> <p>_____ Street Address</p> <p>_____ City, State, ZIP, County</p>	<p>4. _____ Signature</p> <p>_____ Name and Title (type or print)</p> <p>_____ General Partner Name if corporation or other entity</p> <p>_____ Street Address</p> <p>_____ City, State, ZIP, County</p>

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**