



Form LP 203
January 2005

Doc#: 0606918034 Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 03/10/2006 10:50 AM Pg: 1 of 2

DATE 03-17-06 FEE \$25
SOSIL FILE NO. C001938
FILED BY: AF

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
217-785-8960
www.cyberdriveillinois.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: IMA Limited Partnership
- File number assigned by Secretary of State: C001938
- Federal Employer Identification Number (F.E.I.N.): 36-3502704
- Reason for filing a Certificate of Cancellation: The business has been terminated.
- 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):
David W. Ruttenberg
833 N. Orleans Street, Suite 400
Chicago, Illinois 60610

UNOFFICIAL COPY

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.

1.	 Signature	2.	_____ Signature
	David W. Ruttenberg, President Name and Title (type or print)		_____ Name and Title (type or print)
	Lakeden Ltd., its general partner General Partner Name if corporation or other entity		_____ General Partner Name if corporation or other entity
	832 N. Orleans Street, Suite 400 Street Address		_____ Street Address
	Chicago, Illinois 60610 City, State, ZIP, County		_____ City, State, ZIP, County
3.	_____ Signature	4.	_____ 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		_____ 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.**