

DO NOT STAPLE

UNOFFICIAL COPY

**Form LP 201
January 2005**

Filing Fee: \$150

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.



Doc#: **0620931086** Fee: **\$26.00**
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 07/28/2006 03:04 PM Pg: 1 of 2

Illinois Secretary of State Department of Business Services Certificate of Limited Partnership (Illinois Limited Partnership or LLLP)

Please type or print clearly.

1. Limited Partnership Name: 625 W. DIVISION CONDOMINIUMS L.P.

(must contain "Limited Partnership," "L.P." or "LP")

2. Address of office at which records required by Section 111 will be kept:

10 HIDDEN BROOK DRIVE

NORTH BARRINGTON, ILLINOIS 60010

Street Address (P.O. Box alone is unacceptable.)

LAKE
City, State, ZIP, County

3. Federal Employer Identification Number (F.E.I.N.): APPLIED FOR

4. Certificate of Limited Partnership is effective on (check one):

filing date

a later date, but not more than 60 days subsequent to filing date _____

Date (month, day, year)

5. Registered Agent: JOHN BREUGELMANS

Name

Registered Office: 10 HIDDEN BROOK DRIVE

NORTH BARRINGTON, ILLINOIS 60010

Street Address (P.O. Box alone is unacceptable.)

LAKE
City (must be in Illinois), ZIP, County

6. Limited Partnership's Purpose(s): _____

Acquire and develop a residential condominium project in Chicago, Illinois.

7. IRS Business Code Number: _____

8. This entity is a Limited Liability Limited Partnership:

Yes

No

BOX 314

(268799-10JH2)

DATE 7/27/06 FEE 250.00
SOSIL FILE NO. C022317
FILED EXPEDITED BY: [Signature]

UNOFFICIAL COPY

Form LP 201

9. Total aggregate dollar amount of cash, property and services contributed by all partners (optional):

\$ _____

10. If agreed upon, brief statement of partners' membership termination and distribution rights (optional):

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 Limited Partnership.

1. _____ Signature	2. _____ Signature
JOHN BREUGELMANS MANAGER Name and Title (type or print)	_____ Name and Title (type or print)
625 WEST DIVISION LLC General Partner Name if corporation or other entity	_____ General Partner Name if corporation or other entity
10 HIDDEN BROOK DRIVE Street Address	_____ Street Address
NORTH BARRINGTON, IL 60010 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

DATE _____ FEE _____
SOSIL FILE NO. _____
FILED EXPEDITED BY: _____

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