DC 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 217-725-8960 www.cyl-erdriveillinois.com

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



Doc#: 0718749091 Fee: \$26.50 Eugene "Gene" Moore

5023606

Cook County Recorder of Deeds Date: 07/06/2007 02:25 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
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included.	Certificate of Limited Partnership (Illinois Limited Partnership or LLLP)
Please type or print clearly.	DADMNED CUTD
1. Limited Partnership Name: TOERGER FAM IN (roust or	ntain "Limited Partnership," "L.P." or "LP")
2. Address of office at which records required by Section	111 will be kept:
435 Ginger Lane Street Address (P.O. Bo	x alone is strucceptable.)
Elgin, Illinois 60120 Kane County City, State	, ZIP, County
3. Federal Employer Identification Number (F.E.I.N.): pe	nding
4. Certificate of Limited Partnership is effective on (chec	k one):
filing date  a later date, but not more than 60 days subseque	ent to filing date
5. Registered Agent:	Name
Registered Office: 435 Ginger Lane Street A	
Elgin, Illinois 60 City (must be in 1	1120 Kane County Ilinois), ZIP, County
6. Limited Partnership's Purpose(s): To hold, dev	relope and lease real
estate and equipment and conduct a to related and other legal buisness	general buisness as that the partnership may pursuc
7. IRS Business Code Number: 0120	
8. This entity is a Limited Liability Limited Partnership:	
Yes S No	

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7. Total aggregate dollar amount of cash, property	and services contributed by all partners (optional):
\$ 885,000.00	
•	
10. If agreed upon, brief statement of partners' member	
The earnings of the partnersh	
least annually except that ear	rnings may be retained by
the partnership and transferrefor the reasonable needs of the sole discretion of the generation shall not be term	neral partners. The Limited
bankruptcy, withdrawal or exp	ted partner or by the
admission of crer general pa	rtners
Names and Business Addresses of all General	Pariners
are required to sign the Certificate of Limited Partitless	
1. X Janus D. Signature On D	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
435 Ginger Lane Street Address	Street Address
Elgin, Illinois 60120 Kane C 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.