

DO NOT STAPLE

UNOFFICIAL COPY

**Form LP 203
January 2005**



Doc#: 0802247023 Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 01/22/2008 11:49 AM Pg: 1 of 2

DATE 12-27-07 FEE 25.00
 SOSIL FILE NO. C005989
 FILED BY: WAB

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.

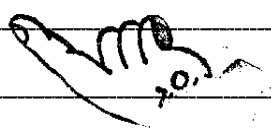
Department of Business Services
Limited Partnership Division
357 Howlett Building
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

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.

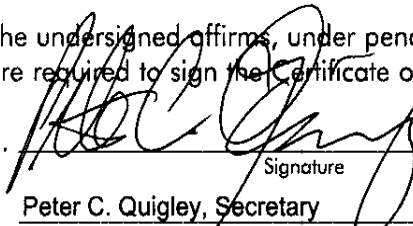
- Limited Partnership name: CEF 1990 Limited Partnership
- File number assigned by Secretary of State: C005989
- Federal Employer Identification Number (F.E.I.N.): 36-3755047
- Reason for filing a Certificate of Cancellation: Termination of partnership due to liquidation of all assets.
- This Certificate of Cancellation is effective on (check one):
 filing date
 a later date, but not more than 60 days subsequent to filing date December 31, 2007 11:59 pm
Date (m, n, d, 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):
Peter C. Quigley, General Counsel
Chicago Equity Fund, Inc. c/o Community Reinvestment Fund, Inc.
850 West Jackson; Suite 825
Cook County, Chicago, Illinois 60607



Handwritten mark

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
	Peter C. Quigley, Secretary Name and Title (type or print)		_____ Name and Title (type or print)
	Chicago Equity Fund, Inc. General Partner Name if corporation or other entity		_____ General Partner Name if corporation or other entity
	120 S Riverside Plaza; 15th Floor Street Address		_____ Street Address
	Chicago, Illinois 60606 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.**