

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C 010255

Assigned by
Secretary of State



C010255 SOSIL 12/11/98
75.00 ID 0000029680 FILED

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

- Limited partnership's name: KBT L.P.
- The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 1707 Braeside, Northbrook, IL 60062, Cook County
- Federal Employer Identification Number (F.E.I.N.): Applied For
- This certificate of limited partnership is effective on: (Check one)
a) the filing date, or b) another date later than but not more than 60 days subsequent to the filing date: _____
(month, day, year)
- The limited partnership's registered agent's name and registered office address is:
Registered agent: Robert A. Eiden
First name Middle name Last name
Registered Office: 333 W. Wacker Dr., Ste. 1800
(P.O. Box alone and c/o are unacceptable) Number Street Suite #
Chicago Cook Illinois 60606
City County Zip Code
- The limited partnership's purpose(s) is: the transaction of any and all lawful purposes for which a limited partnership may carry on in the State of Illinois including, but not limited to, investing in real estate, real estate ventures, and securities.
IRS Business Code Number is: 6748
- Dissolution date is: Perpetual or 12-31-2048
(month, day, year)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$2,000,000

9. A brief statement of the partners' membership termination and distribution rights:
See attached.

NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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.

SIGNATURE AND NAME
Signature *Edward Saltzberg*

Type or print name and title _____
Edward Saltzberg, GENERAL PARTNER

Name of General Partner if a corporation or
other entity _____

Signature *Marian R. Saltzberg*

Type or print name and title _____
Marian Saltzberg, GENERAL PARTNER

Name of General Partner if a corporation or
other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or

other entity _____

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

FORMS OF PAYMENT:

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."

DO NOT SEND CASH!

BUSINESS ADDRESS
Number/Street 1707 Braeside

City/town Northbrook

State IL Zip Code 60062

Number/Street 1707 Braeside

City/town Northbrook

State IL Zip Code 60062

Number/Street _____

City/town _____

State _____ Zip Code _____

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

UNOFFICIAL COPY 08152746

Distribution Upon Winding-Up. Upon the dissolution and winding-up of the Partnership, the assets of the Partnership, shall be distributed in the following order of priority:

- (a) To the payment of the debts and liabilities of the Partnership and the expenses of winding-up, including the establishment of any reserves against liabilities or obligations of the partnership which the General Partners in their sole discretion deem appropriate, such reserves to be charged against the Partners' Capital Accounts according to the ratio of (i) the number of Partnership Units owned by each Partner, to (ii) the aggregate number of Partnership Units outstanding, which reserve, prior to payment of such liabilities and obligations, shall be placed in the hands of an escrow agent for such period and upon such terms as the General Partner shall determine; and, then,
- (b) To the payment of the Capital Accounts of the Partners.

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