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Form LP 203
(Rev. Jan. 1995)

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1998-12-31 11:25:10
Cook County Recorder 23.00



Filing Fee \$25

SUBMIT IN DUPLICATE

C000242 SOSIL 12/30/98
25.00 IC 0000029800 FILED

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

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.

- Limited partnership's name: STATE/DELAWARE ASSOCIATES LIMITED PARTNERSHIP
- File number assigned by the Secretary of State: C000242
- Federal Employer Identification Number (F.E.I.N.): 353491705
- The reason for filing this certificate of cancellation: Partners unanimously determined to terminate the partnership.
- This certificate of cancellation 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 post office 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 or her is: _____
676 NORTH MICHIGAN AVENUE SUITE 2950
CHICAGO, ILLINOIS 60611
FILING COUNTY COOK

Box
289 314

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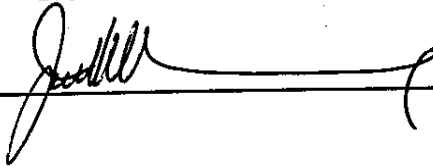
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The undersigned affirms, under the penalties of perjury, that the facts stated herein are true.
The original certificate of cancellation must be signed by all general partners,

SIGNATURE AND NAME

Signature _____



Type or print name and title JIM LOEWENBERG, PRESIDENT

STATE/DELAWARE CORPORATION

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 _____

Signature _____

Type or print name and title _____

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 _____

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."

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division

DO NOT SEND CASH!