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SUBMIT IN DUPLICATE!



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9597/0087 52 001 Page 1 of 2  
1999-12-14 11:42:32  
Cook County Recorder 23.50

File #

Assigned by  
Secretary of State

Return to: Department of  
Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, IL 62756  
Telephone: (217) 785-8960  
http://www.sos.state.il.us.

JESSE WHITE  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)  
(Please type or print clearly)

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.

1. Limited partnership's name: Grande Family Partnership, L.P.

2. 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) 1225 South Knight, Cook County, Parkridge, Illinois 60068

3. Federal Employer Identification Number (F.E.I.N.): 36-4324034

4. 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)

5. The limited partnership's registered agent's name and registered office address is:

Registered agent:	<u>Louis</u>	<u>T.</u>	<u>Grande</u>
	First name	Middle name	Last name
Registered Office:	<u>1225</u>	<u>South Knight</u>	
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Parkridge</u>	<u>Cook</u>	<u>Illinois 60068</u>
	City	County	ZIP Code

6. The limited partnership's purpose(s) is: Hold and develop real estate

IRS Business Code Number is: \_\_\_\_\_

7. Dissolution date is:  Perpetual or December 31, 2050  
(month, day, year)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is  
\$1,000,000

9. A brief statement of the partners' membership termination and distribution rights:  
Limited Partner may not withdraw without consent of other Partners; on dissolution  
distribution of net proceeds in accordance with capital accounts; distributions  
during term of partnership as General Partners determine in accordance with duty of  
care and loyalty

### 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.

<p><b>SIGNATURE AND NAME</b></p> <p>1. Signature <u><i>Louis T. Grande</i></u>  Type or print name and title <u>Louis T. Grande,</u>  <u>General Partner</u>  Name of General Partner if a corporation or  other entity _____</p>	<p><b>BUSINESS ADDRESS</b></p> <p>Number/Street <u>1225 South Knight</u>  City/town <u>Parkridge</u>  State <u>Illinois</u> ZIP Code <u>60068</u></p>
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<p>2. Signature <u><i>Theresa Grande</i></u>  Type or print name and title <u>Theresa Grande,</u>  <u>General Partner</u>  Name of General Partner if a corporation or  other entity _____</p>	<p>Number/Street <u>1225 South Knight</u>  City/town <u>Parkridge</u>  State <u>Illinois</u> ZIP Code <u>60068</u></p>
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<p>3. Signature _____  Type or print name and title _____  Name of General Partner if a corporation or  other entity _____</p>	<p>Number/Street _____  City/town _____  State _____ ZIP Code _____</p>
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(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!**