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**Form LP 203
January 2008**

Filing Fee: \$25

Submit in duplicate. Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A. check or money order, payable to Secretary of State.
Please do not send cash.

Department of Business Services
Limited Liability Division
507 S. Second St., Rm. 357
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.



Doc#: 1022416002 Fee: \$40.25
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 08/12/2010 08:45 AM Pg: 1 of 2

FILED

JUL 21 2010

JESSE WHITE
SECRETARY OF STATE

**Illinois Secretary of State
Department of Business Services
Statement of Termination
of the Certificate of Limited Partnership
(Illinois Limited Partnership)**

Please type or print clearly.

- Limited Partnership Name: CEF1992 Limited Partnership
- File Number assigned by Secretary of State: C007140
- Date of filing initial Certificate of Limited Partnership: 12/30/1992
- Federal Employer Identification Number (F.E.I.N.): 363860055
- 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):
850 West Jackson: Suite 825; Chicago, Illinois 60607
Cook County

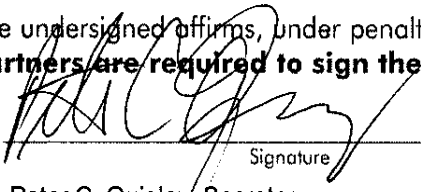
S YES
P 2
S M
M YES
SC NO
E NO
INT INT

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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 Statement of Termination.**

<p>1.  _____ Signature</p> <p>Peter C. Quigley, Secretary _____ Name and Title (type or print)</p> <p>Chicago Equity Fund, Inc. _____ General Partner Name if corporation or other entity</p> <p>850 West Jackson; Suite 825 _____ Street Address</p> <p>Chicago, IL Cook County _____ City, State, ZIP, County</p>	<p>2. _____ Signature</p> <p>_____ Name and Title (type or print)</p> <p>_____ General Partner Name if corporation or other entity</p> <p>_____ Street Address</p> <p>_____ City, State, ZIP, County</p>
<p>3. _____ Signature</p> <p>_____ Name and Title (type or print)</p> <p>_____ General Partner Name if corporation or other entity</p> <p>_____ Street Address</p> <p>_____ City, State, ZIP, County</p>	<p>4. _____ Signature</p> <p>_____ Name and Title (type or print)</p> <p>_____ General Partner Name if corporation or other entity</p> <p>_____ Street Address</p> <p>_____ City, State, ZIP, County</p>

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**