

Submit in Duplicate

\$75.00 filing fee. See other side
for acceptable forms of payment.

CERTIFICATE OF
LIMITED PARTNERSHIP
(Illinois limited partnership)

Validation Only
87538077 ID 0000000045 FILED

Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the undersigned general partners hereby form the limited partnership named below:

1. The limited partnership's name is: Magnolia Limited Partnership (Note 1)

2. The Federal Employer Identification Number (F.E.I.N.) is: applied for (Note 2)

3. This certificate of limited partnership is effective on: (Check one)
a) the filing date, or
b) another date not more than 30 days subsequent to the filing date. Specify: _____

4. The limited partnership's registered agent's name and registered office address is:
Registered Agent: Abrams Sherwin D.
Last Name First Name Middle Name
Abrams and Chapman
Firm Name (if any)

Registered Office: 20 North Clark Street Suite 3150
(P.O. Box alone Number Street Suite #
is unacceptable)
Chicago Cook Illinois 60602
City County State Zip Code

5. The address, including county, of the office at which the records required by Section 104 are to be kept is:
13 East Lake
Northlake, Cook County, Illinois 60164 (Note 3)

6. The limited partnership's purpose(s) is: To acquire, own, operate, maintain, lease, develop
and/or sell property 6531

7. The latest date upon which the limited partnership is to dissolve is: December 31, 2112

8. The total aggregate amount of cash and the aggregate agreed value of other property or services contributed by the partners and which they have agreed to contribute is: \$ 75,100.00

9. The agreement, if any, regarding a partner's termination of membership and distribution rights must be explained on a plain white 8-1/2" x 11" sheet, which must be stapled to this form. NONE

10. The names (last name first) and business addresses of all general partners must be listed:
Gary Callen 13 East Lake, Northlake, Illinois, 60164
General Partner's Name Business Address

General Partner's Name Business Address

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]
Signature
Gary Callen
Name (please print or type)

Signature

Name (please print or type)

UNOFFICIAL COPY

Form LP 201

File No.

CERTIFICATE OF LIMITED PARTNERSHIP

Filing Fee \$75

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!

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

RETURN TO:

Secretary of State
Corporation Department
Limited Partnership Division
Springfield, Illinois 62756
Telephone (217) 785-8960

CPS

Sherwin D. Abrams
20 N Clark St - Suite 3150
Chicago, IL 60602



DEPT-01 \$12.25
T#0003 TRAN #831 10/02/87 10:45:00
49613 & C * -87-538077
COOK COUNTY RECORDER

Property of Cook County Clerk's Office

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- NOTES**
- Note 1: The name of the limited partnership must contain, without abbreviation, the words "limited partnership."
 - Note 2: If the Federal Employer Identification Number has not been obtained at the time of filing this document, it shall be obtained and shall be reported to the Secretary of State within 180 days after the date of filing this certificate.
 - Note 3: If this office is outside of Illinois, it must be the limited partnership's principal place of business.