SECRETARY OF STATE

LP 902

UNOFFICIAL JIM EDGAR Secretary of State State of Illinois

| LP 902 | | | | MEDGAR | -042 | <u> </u> | | ~ |
|--|--|---|--|---|--------------------------|-------------------------|-------------|----------|
| Submit in Duplicate \$75.00 filing fee. See other side for acceptable forms of payment. | | | | tary of State e of Illinois | | Only | ۵ | 9 1987 |
| | | | APPLICATION FOR ADMISSION TO TRANSACT BUSINESS (foreign ilmited partnership) | | | lidation | FILED | |
| | | | | hip Act, the undersigne ansact business as a f | | anabia in Minnie. | S. Je | |
| 1. | The limited partner | rship's name is: Riv | verside Park | I Associat | es Limited | Partnersh P | | |
| 2. | The Federal Emplo | al Employer Identification Number (F.E.I.N.) is: Applied for (No. | | | | | | 1) |
| 3. | The limited partner exists there as a lin | ship was formed in the miteu partnership on th | e jurisdiction of: | Delaware o lication. | n: 12/1/8 (month, da) | | y | |
| 4. | The assumed nam | e, if any, under which | the limited partnershi | p proposes to transact | business in Illinois | | _ (Note | 2) |
| 5. | The name of the limited partnership's systemed agent and the address of its registered office is: | | | | | | | |
| | Registered Agent: | Ungaretti Last Name | -// | Richard First Name | | A. Middle Name | | _ |
| | | Coffield Ungarett & Harris & Slavin | | | | | | |
| | | Firm Name (Many) | 111111 | | | | | |
| | Registered Office: (P.O. Box alone is unacceptable) | Three First | National F | liza | 3500 | | | |
| | | Number | | Street | | | | |
| | | Chicago | | Cook | Illinois | | | |
| | | City | | County | | Zip Code | | C) |
| 6. | The address, including county, of the office at which is kept a list of the names, business and capital contributions of all limited partners is: 111 West Washington Street, Suite 2100, Chicago, II, 60602 | | | | | | | 107 |
| | , | County: Coc | ok | | Q | | | <u>.</u> |
| 7. | The undersigned agree(s) to keep the records detailed in Number 6 until the limited partnership's egistration in this State is cancelled or withdrawn. | | | | | | | |
| 8. | The latest date upo | on which the limited pa | artnership is to be diss | olved in the jurisdiction | n in which it was for | m ed is 12/31/ | 2036 | <u>.</u> |
| 9. | | tate is hereby appoint 9(b) of the Revised Un | | | ervice of process ur | nder the circumstances | set | |
| 10. | | • • | | eral partners must be | listed: | (0) | | |
| | LAKE MICHIGAN PROPERTIES IV, INC. 111 West Washington St., Ste. 2100, | | | | | | | |
| | General Partner's | | 141 1110. | | ress Chicago, | | | |
| | General Partner's Name Business Address | | | | | | | |
| | The undersigned affirms, under penalties of perjury, that the facts stated herein are true. | | | | | | | |
| | LAKE MICHIG | AN PROPERTIES | transact business mu IV, INC. | ist be signed by a gene | ral partner. | | | |
| Ву | Signature | Williams. | | | | | | |
| | | llman, Sr. Vic | e <u>Presid</u> ent | | | | | |
| to thi | If additional space is form. Numer of a | | e continued in the sa | me format on a plain v | white 8-1/2"x11" sh | eet which must be stapl | ed | |

Limited Partnership Division

Corporation Department

Secretary of State

RETURN TO:

Springfield, Himois 62756 **elephone (217) 785-8960**

File No.

RETURN TO:

APPLICATION FOR ADMISSION

TO TRANSACT BUSINESS

Filing Fee \$75

Payment must be made by Certified Check, Payable to "Secretary of State." Cashier's Check, Winois Attorney's Check, Illinois C.P.A.'s Check or Money Order

DONOT SEND CASH!

Coot County Clart's Office

соок солиту несоврек 108509-LB-* ₩ # 0902# TRAN 5162 11/10/87 12:28:00 111111 DEPT-01 RECORDING \$15.22

Chicago, II. 60602 3500 Three First National Plaza Coffield Ungaretti Harris & Slavin Heidi Henkel

108) and the requisite fee must accompany this application. partnership proposes to transact business under an assumed name, an application to adopt an assumed name (form LP Note S: The assumed name, if any, must contain, without abbreviation, the words "limited partnership." If the limited

be obtained and shall be reported to the Secretary of State within 180 days after the date of filing this certificate. Note 1: If the Federal Employer Identification Number has not been obtained at the time of filing this document, it shall