

# UNOFFICIAL COPY

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LP 201

JIM EDGAR  
Secretary of State  
State of Illinois

Submit in Duplicate

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

## CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

-88-444213

8801904 SOSIL 09/26/88  
75.00 IS 0000003041 FILED

S001904

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 Lake & Welis 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 60 days subsequent to the filing date. Specify: \_\_\_\_\_

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

Registered Agent: Cocose William A  
Last Name First Name Middle Name

Firm Name (if any) \_\_\_\_\_

Registered Office: 445 East Ohio 420  
Box alone Number Street Suite #  
(unacceptable)

Chicago Cook Illinois 60611  
City County Zip Code

5. The address, including county, of the office at which the records required by Section 104 are to be kept is  
445 East Ohio, Suite 420, Chicago, Cook County, Illinois 60611

6. The limited partnership's purpose(s) is Code No. 6511

7. The latest date upon which the limited partnership is to dissolve is: December 31, 2008

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 \$ 1,000

9. A brief statement of the partners' membership termination and distribution rights, if any (One 8 1/2" x 11" standard paper may be used, if needed, and attached to this form. The full text of such rights should be on file in the partnership's Section 104 office)

10. The names (last name first) and business addresses of all general partners must be listed:  
Chaucer Development Corp. 445 East Ohio, Suite 420  
General Partner's Name Business Address  
Chicago, Illinois 60611

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.  
Chaucer Development Corp.

By: William A. Cocose  
Signature

Signature

William A. Cocose, Vice President  
Name (please print or type)

Name (please print or type)

If additional space is needed, this list must be continued in the same format on a plain white 8-1/2" x 11" sheet, which must be stapled to this form. Number of additional pages: \_\_\_\_\_

-88-444213

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Form No. 101

Form 101 201

**CENTINATE OF LIMITED PARTNERSHIP**

Filing Fee \$75

**DO NOT SEND CASH**

Payment must be made by Cashier's Check, Certified Check, Money Order, or Cash. Payment to the Secretary of State, 100 North Dearborn Street, Chicago, Illinois 60610. Cash or money order payable to the Secretary of State.

RETURN TO:

Secretary of State  
Corporation Department  
Limited Partnership Division  
Springfield, Illinois 62756  
Telephone (217) 785-8560

DELIVER TO BOX 408  
ATTN: SM

DEPT-21 RECORDING \$12.00  
742227 TRAM 7835 09/27/88 15:12:00  
74227 1:0 # -88-44213  
COOK COUNTY RECORDER

92.00

8844213

-88-44213

Property of Cook County Clerk's Office