LP 201

Submit in Duplicate

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

Secretary of State
State of Illinois

88575082

CERTIFICATE OF
LIMITED PARTNERSHIP
(Illinois limited partnership)

C003302 SOSIL 12/13/88
75.00 I0 000003085 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: Freed Northbrook 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) X 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: Freed (Last Name) Lawrence (First Name) _____ (Middle Name)
   Joseph Freed and Associates, Inc. (Firm Name (if any))

   Registered Office: (P.O. Box alone is unacceptable)
   1000 Capitol Drive (Number, Street) _____ (Suite #)
   Wheeling (City) Cook (County) Illinois 60090 (Zip Code)

5. The address, including county, of the office at which the records required by Section 104 are to be kept is:
   1000 Capitol Drive, Wheeling, Cook County, IL 60090 (Note 3)

6. The limited partnership's purpose(s) is: to invest, directly or indirectly, in real property
   6740

7. The latest date upon which the limited partnership is to dissolve is: December 31, 2038

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:

General Partner's Name	Business Address
Freed, Joseph J.	1000 Capitol Drive, Wheeling, IL 60090
Freednor, Inc.	1000 Capitol Drive, Wheeling, IL 60090

The undersigned affirm, under penalties of perjury, that the facts stated herein are true.

All general partners are required to sign the certificate of limited partnership.

Signature: _____
Joseph J. Freed
Name (please print or type)

Freednor, Inc.
Signature By: _____
Name (please print or type) Joseph J. Freed
Its: President Scott Sternfield

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: ____

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9. Partner's termination of membership and distribution rights:

The partners have no voluntary termination rights. Upon termination of the Partnership, the proceeds of liquidation shall be distributed to and among the Partners in accordance with the terms of the Partnership Agreement which is kept at the principal office of the Partnership.

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DEPT-01 RECORDING
$2222 TRAN 7881 12/13/88 16:24:00 $12.00
$4380 # B #-88-575082
COOK COUNTY RECORDER

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