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88089081

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)

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SUSIL 02/25/88
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Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the undersigned general partners hereby form the limited partnership named below:

- The limited partnership's name is: Gearen Properties Limited Partnership (Note 1)
- The Federal Employer Identification Number (F.E.I.N.) is: 36-3192025 (Note 2)
- 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: _____
- The limited partnership's registered agent's name and registered office address is:
Registered Agent: Gearen Paul C.
Last Name First Name Middle Name
Nicolson, Porter & List, Inc.
Firm Name (if any)
Registered Office: 1300 W. Higgins Road
(P.O. Box alone Number Street Suite #
is unacceptable) Park Ridge Illinois 60068
City County Zip Code
- The address, including county, of the office at which the records required by Section 104 are to be kept is:
1300 W. Higgins Road, Park Ridge, Illinois 60068 (Note 3)
- The limited partnership's purpose(s) is: real estate investments
- The latest date upon which the limited partnership is to dissolve is: December 31, 1991
- 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: \$ 405,000
- 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.
None
- The names (last name first) and business addresses of all general partners must be listed:

<u>Paul C. Gearen</u> General Partner's Name	<u>1300 W. Higgins Rd., Park Ridge, IL 60068</u> 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
Name (please print or type)

Paul C. Gearen
Signature
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: None

BOX 356

UNOFFICIAL COPY

Form LP 201

Filing No. _____

CERTIFICATE OF LIMITED PARTNERSHIP

Filing Fee \$75

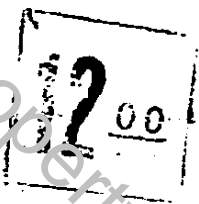
Payment must be made by Certified Check, Cashier's Check, Illinois Attorney's Check, Illinois C.P.A.'s Check or Money Order, Payable to "Secretary of State."

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



Property of Cook County Clerk's Office

CLP31

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DEPT-01 RECORDING \$12.00
T#1111 TRAN 3797 03/01/88 15:04:00
#7697 # 2 * 88-089081
COOK COUNTY RECORDER

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.