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LP 201

JIM EDGAR
Secretary of State
State of Illinois

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88127337

Submit in Duplicate

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

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

Validation Only

CO01345 S051L 03/23/98
75.00 IG 0000000431 FILED

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: Calavera Hills Development Limited Partnership
- The Federal Employer Identification Number (F.E.I.N.) is: Applied For (Note 2)
- 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: _____
- The limited partnership's registered agent's name and registered office address is:
Registered Agent: Burke Robert D.
Last Name First Name Middle Name
Firm Name (if any) _____
Registered Office: 1965 Pratt Boulevard 88127337
(P.O. Box alone Number Street Suite #
is unacceptable)
Elk Grove Village Cook Illinois 60007-5905
City County Zip Code
- The address, including county, of the office at which the records required by Section 104 are to be kept is:
1965 Pratt Boulevard, Elk Grove Village, IL 60007-5905
- The limited partnership's purpose(s) is: buy, sell, lease, and generally deal in real and personal property, and to engage in any other act which may be engaged in by limited partnerships under Illinois law. (Note 3) 6511
- The latest date upon which the limited partnership is to dissolve is: December 31, 2086
- 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: \$ 100,000.00
- 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.
- The names (last name first) and business addresses of all general partners must be listed:
C. T. SEVEN, INC. 1965 Pratt Boulevard, Elk Grove Village,
General Partner's Name Business Address IL 60007-5905
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.
C. T. SEVEN, INC., its General Partner

Michael Tang
Signature
Michael Tang, Vice President
Name (please print or type)

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: 1

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

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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.

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ATTACHMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

ITEM NO. 9

The General Partner may withdraw from the Partnership. In the event of such withdrawal, the General Partner shall receive no further payments for its economic interest in the Partnership. The Limited Partner may not withdraw from the Partnership.

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