

Submit in Duplicate

\$25.00 filing fee. See other side for acceptable forms of payment.

CERTIFICATE OF CANCELLATION OF THE CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the undersigned general partner(s) hereby cancel the certificate of limited partnership for the limited partnership named below:

- The limited partnership's name is: Deerfield Fitness Complex
- The limited partnership's file number is: C002095 2002495
The Federal Employer Identification Number (F.E.I.N.) is: 36-3077374 (Note 1)
- The certificate of limited partnership was filed with the Secretary of State on: August 31, 1988
(month, day, year)
- The reason for filing this certificate of cancellation is: the partnership has been liquidated and dissolved, its assets have been distributed to its partners and its general partner has assumed its liabilities and obligations.
- The effective date of this cancellation is: (Check one)
a) the file date, or
b) another date not more than 60 days subsequent to the filing date. Specify: _____
- The post office address, including county, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is:
Hazel Gitlitz, c/o The Multiplex, 491 Lake Cook Road, Lake Cook Plaza Shopping

Center, Deerfield, Cook County, Illinois 60015

DEPT-01

101111 TRAM 6562 10/27/89 15:57:00
40646 : A *-89-513177
COOK COUNTY RECORDER

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

The original certificate of cancellation must be signed by all general partners.

Hazel Gitlitz
Signature

Hazel Gitlitz
Name (please print or type)

Signature

Name (please print or type)

Signature

Name (please print or type)

Signature

Name (please print or type)

Signature

Name (please print or type)

Signature

Name (please print or type)

89513177

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: _____

Return to: Lot 4116

J. W. Edgar

89513177

1200

CO02695 SOSIL 10/26/89 25.00 IC 0000005614 FILED

**CERTIFICATE OF CANCELLATION OF
THE CERTIFICATE OF
LIMITED PARTNERSHIP**

Filing Fee \$25

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

NOTES

Note 1: 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.