

89571393

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)

Validation Only

S000246 SOSIL 1172878Y
25.00 IC 0060011933 FILED

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:

1. The limited partnership's name is: Mill Creek Crossing Limited Partnership

2. The limited partnership's file number is: S000246

The Federal Employer Identification Number (F.E.I.N.) is: 36-3537310 (Note 1)

3. The certificate of limited partnership was filed with the Secretary of State on: September 17, 1987
(month, day, year)

4. The reason for filing this certificate of cancellation is: Dissolution of Partnership

5. 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: _____

6. 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:

867 North Dearborn Street
Chicago, Illinois 60610
DEBITO SEC. INC

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.

MILL CROSSING, INC.

By: [Signature]
Signature

Gerald W. Fogelson President
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)

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: _____

Box 78

File No. _____

**CERTIFICATE OF CANCELLATION
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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

CUP 4

89-574293

DEPT-01 RECORDING \$12.00
143333 TRAN 2799 12/01/89 13:49:00
*1344 *89-574293
COOK COUNTY RECORDER

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.

NOTES

Property of Cook County Clerk's Office