LP 203

UNOFFICIAL COPY

Secretary of State
State of Illinois

89228277

Submit in Duplicate

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

CERTIFICATE OF CANCELLATION OF THE CERTIFICATE OF LIMITED PARTNERSHIP (Hillnois 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: DG Office Par	k Associates Limited Partnership
The limited partnership's file number is:S000715	
The Federal F. poloyer Identification Number (F.E.I.N.) is:	36-3557679 : (Note 1)
The certificate or limited partnership was filed with the Sec	cretary of State on: January 20, 1988
The reason for filling this certificate of cancellation is:	(month,day,year) All of the partners have agreed to terminate the
partnership and distribute its assets	3,
O _F	·
The effective date of this cancellation is: (Chock one) a) the file date of this cancellation is: (Chock one)	Raporcom
b) another date not more than 60 days subsequent to	o the filing date. Specify:
The post office address, including county, to which the Sec partnership that may be served on him or her is:	cratan of State may mail a copy of any process against the limited
c/o First Dearborn Properties, Inc	c. 179 West Washington, Suite 325
Chicago, Illinois 60602	Kook Co.
The undersigned affirms, under penalties of perjury, that the	· O _A
The original certificate of cancellation must be signed by at First Dearborn Partners	DG Office Park Incl/ 544
By: //////////	By: 5536
Signature Bruce H. Block, partner	Signature Bruce H. Block President
Name (please print or type)	Name (please print or type)
Signature	Signature
Name (please print or type)	Name (please print or type)
Signature	Signature
Name (please print or type)	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:

3715 SDS/L 05/15/89

Validation Only

IC 0000007082 FILED

All correspondence regarding this filing will partnership unless a self-addressed envelope is included. be sent to the registered agent of the limited Payable to "Secretary of State."

File No.

Form LP 203

5000715

Filing Fee \$25

Illinois C.P.A.'s Chack or Money Order Cashier's Check, Illinois Attorney's Check, Payment must be made by Certified Check,

DO NOT SEND CASH!

CLP4

89228277

89228277

CHARTERED

Limited Partnership Division

Corporation Department

Secretary of State

RETURN TO:

lelephone (217) 785-8960 Springfield, Illinois 62756

ies 194 194 Clarts Offica

DEPT-01 RECORDING \$12.25 T+2222 TRAN 5598 05/19/89 11:51:00 +2951 + C *-89-228277 COOK COUNTY RECORDER

CERTIFICATE OF CANCELLATION OF THE CERTIFICATE OF

LIMITED PARTNERSHIP

be obtained and shall be reported to the Secretary of State within 180 days after the date of filing this certilicate. Note 1: If the Federal Employer Identification Number has not been obtained at the time of filing this document, it shall