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LP 201

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JIM EDGAR
Secretary of State
State of Illinois

Submit in Dublicate

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

to this form. Number of additional pages: -

CERTIFICATE OF LIMITED PARTNERSHIP (lilinois limited pertnership)

89288397

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: Buck Hotel Limited Partnership 1. (Note 1) 2. 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) v the filing detal or b) ____ another date not more than 60 days subsequent to the filing date. Specify: The limited partnership's region agent's name and registered office address is: Registered Agent: Last Name First Name Middle Name The John Buck Company, c/o Mr. John O'Donnell Firm Name (if any) 200 South Wacker Drive 40th Floor Registered Office: (P.O. Box alone Number Street Suite # Is unacceptable) Chicago Cook Illinois 60606 County Zip Code **5**. The address, including county, of the office at which the records regulard by Section 104 are to be kept is: c/o The John Buck Company 200 South Wacker Drive, 40th Floor, Chicago, Illinois 60606 Note 31 acquisition and devolopment of real estate 6. The limited partnership's purpose(s) is: December 11, 2039 7 The latest date upon which the limited partnership is to dissolve is: 8. The total aggregate amount of cash and the aggregate agreed value of other property or services (Shitributed by the partners and which they have agreed to contribute is:\$ 20,000.00 9. 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. See Exhibit "A" attached hereto and incorporated herein. The names (last name first) and business addresses of all general partners must be listed: Buck Hotel Corp. 200 South Wacker Drive, 40th Floor General Partner's Name Business Address Chicago, Illinois 60606 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 John A. Buck, II, President Name (please print or type) Name (please print or type)

If additional space is needed, this list must be continued in the same fermet on a plain white 6-1/2" x11" sheet, which must be stapled

Payable to "Secretary of State."

Form LP 201

CERTIFICATE OF

LMITED PARTNERSHIP

Filing Fee \$75

Limited Partnership Division

Corporation Department

Secretary of State

RETURN TO

1 elephone (217) 785-8960 Springfield, Illinois 62756

1. SESSES-SS-TO OF COOK COUNTY CLOTH'S OFFICE 90.E1\$

Note 3: 11 this office is outside of Illinois, it must be the limited partnership's principal place of business

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

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EXHIBIT "A"

A brief statement of the partners' membership termination and distribution rights, if any.

Upon the dissolution of the Partnership, and after payment of all debts and liabilities of the Partnership, the assets of the Partnership shall be distributed as follows:

- to the establishment of a reserve for any contingent or unforeseen liabilities or obligations of the Partnership;
- to the repayment of any advances made by any of the b. Partners to the Partnership;
- to all Partners having Unrecovered Capital; and c.
- rather neir resp. to the General Partner and the Limited Partner in d. proportion to their respective Proportionate Shares.