

00025139

LP 203

JIM EDGAR
Secretary of State
State of Illinois

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: 211 West Wacker Drive Limited Partnership
- The limited partnership's file number is: C004357
The Federal Employer Identification Number (F.E.I.N.) is: 16-3324326 (State ID)
- The certificate of limited partnership was filed with the Secretary of State on 6-27-89 (month, day, year)
- The reason for filing this certificate of cancellation is: Dissolution of the partnership
- The effective date of this cancellation is: (Check one)
a) the file date, or
b) another date not more than 90 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:
211 West Wacker Drive, Chicago (Cook), Illinois 60606

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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
211 LIMITED PARTNERSHIP

By: FINBACK LIMITED PARTNERSHIP, its

Signature General Partner _____ Signature _____

By: JCBII LIMITED PARTNERSHIP, its

Name (please print or type) General Partner _____ Name (please print or type) _____

By: 211 WEST WACKER DRIVE DEVELOPMENT

Signature VENTURE, its General Partner _____ Signature _____

By: Albert H. Scherb, Jr.

Name (please print or type) General Partner _____ Name (please print or type) _____

Signature _____ Signature _____

Name (please print or type) _____ Name (please print or type) _____

UNOFFICIAL COPY

Form LP 203

File No. _____

**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 with the Secretary of State should 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) 785-8800

60441

69182006

AFTER RECORDING RETURN TO:

Elizabeth E. Dolacko
Foyd & Ratner
227 North LaSalle Street
Chicago, Illinois 60601

COOK COUNTY RECORDER

429264 * -90-028459

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DEPT-01 #1325

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