

# UNOFFICIAL COPY

LP 201

JIM EDGAR  
Secretary of State  
State of Illinois

Submit In Duplicate

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

CERTIFICATE OF  
LIMITED PARTNERSHIP  
(Illinois limited partnership)

90362752

CO05570 SOSIL 07/26/90  
75.00 ID 000007926 FILED

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: 59 East Randolph Limited Partnership. (Note 1)
- The Federal Employer Identification Number (F.E.I.N.) is: \_\_\_\_\_ (Note 2)
- This certificate of limited partnership is effective on: (Check one)  
a)  the filing date or  
b) \_\_\_\_\_ another date not more than 60 days subsequent to the filing date. Specify: \_\_\_\_\_
- The limited partnership's registered agent's name and registered office address is:  
Registered Agent: ORDOWER, LAWRENCE BURTON  
Last Name First Name Middle Name  
ORDOWER & ORDOWER, P.C.  
Firm Name (if any)  
Registered Office: 20 North Clark Street 1610  
(P.O. Box alone Number Street Suite #  
Is unacceptable) Chicago Cook Illinois 60602  
City County Illinois Zip Code
- The address, including county, of the office at which the records required by Section 104 are to be kept is:  
LAWRENCE B. ORDOWER, 20 North Clark Street, Suite 1610, Cook County,  
Chicago, Illinois, 60602. (Note 3)
- The limited partnership's purpose(s) is: operate and lease property at 59 East Randolph  
Chicago, Illinois
- The latest date upon which the limited partnership is to dissolve is: December 31, 2035
- The total aggregate amount of cash and the aggregate agreed value of other property or services contributed by the partners and which they have agreed to contribute is: \$ 250,000.00
- A brief statement of the partners' membership termination and distribution rights, if any. One 8-1/2" x 11" sheet of 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.  
Distribution upon dissolution or during term from cash flow
- The names (last name first) and business addresses of all general partners must be listed:

<u>Gussin, Paul, sole general Partner</u>	<u>7200 Wisconsin Avenue, Suite 701,</u>
General Partner's Name	Business Address <u>Bethesda, MD 20814</u>

_____	_____
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 PAUL GUSSIN

\_\_\_\_\_  
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: \_\_\_\_\_

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## NOTES

Note 1: State the true and exact name of the limited partnership as it appears on the records of the office of the Secretary of State, BEFORE any amendments herein reported.

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 the certificate of limited partnership.

Note 3: All applicable information regarding the amendment, both old and new, must be given and clearly labeled.

Note 4: If a corporation acts as general partner, the name and state of incorporation shall be shown and the execution shall be by an officer, whose title is stated.

DEPT-01 RECORDING \$13.25  
T#3333 TRAN 3105 07/27/90 11:36:00  
#0269 + C \*-90-362752  
COOK COUNTY RECORDER

90362752



Mail To:  
DARRELL D. OWEN, P.C.  
20 N. CLARK ST. 1610  
CHGO., IL 60602

Form LP 202

Filo No.

### CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP

Filing Fee \$25  
(Restated Certificate \$75)

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 enve-  
lope is included.

RETURN TO:

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Springfield, Illinois 62756  
Telephone (217) 785-8960