

**UNOFFICIAL COPY**

91-498956 4 9 91  
2 month, day, year  
GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

Filing Fee \$15

SUBMIT IN DUPLICATE!

BIENNIAL RENEWAL REPORT  
(Illinois of foreign limited partnership)

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

OFFICE USE ONLY

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15.00 BR 0000030372 FILL

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

DEPT-01 RECORDING \$13.29  
T#5555 TRAN 9035 09/25/91 14108:00  
#7666 # E \*-91-498956  
COOK COUNTY RECORDER

1. Limited partnership's name: B/S Roscoe Limited Partnership

2. Address of office where records required by Section 104 (Illinois) or Section 902 (Foreign) are kept: (Post office box alone and c/o are unacceptable)  
737 N. Michigan Avenue, Chicago, Cook County, Illinois 60611

3. File Number Assigned by the Secretary of State: S003840

4. Federal Employer Identification Number (F.E.I.N.): 36-3671164

5. Assumed name, if any: \_\_\_\_\_

6. Admitting name, if any (foreign only): \_\_\_\_\_

7. Registered Agent: Marshall Bennett  
First Name Middle Name Last Name

Registered Office: 737 North Michigan 2330  
(P.O. Box alone and c/o are unacceptable) Number Street Suite #  
Chicago Cook Illinois 60611  
City County State Zip Code

8. State of Jurisdiction: Illinois, if foreign, that this limited partnership is validly existing as a limited partnership under the laws of Illinois as of this date and that it still exists in Illinois.

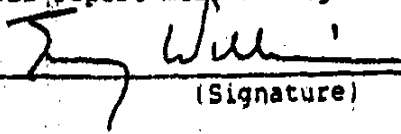
1329

I affirm that any entity serving as a general partner of this limited partnership has good standing in its home state of jurisdiction.

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The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Renewal report must be signed by a general partner.



(Signature)

Emory Williams, Vice President

(Type or Print Name and Title)

Roscoe Village, Inc.

(Name of General Partner if a corporation or other entity)

(Signature must be in ink on an original document. Carbon copy, photo copy or rubber stamp signature may only be used on conformed copies).

**FORMS OF PAYMENT:**

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!**

**RETURN TO:**

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 330 Centennial Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

91-198956  
956861-16



Juliette M. Daus  
NEAL GERBER + EISENBERG  
2 N. LaSalle  
Suite 2100  
CHICAGO, IL 60602

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