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Filing Fee \$25

UNOFFICIAL COPY

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

9 1 3 01304517

SUBMIT IN DUPLICATE!

CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

OFFICE USE ONLY

S003375 SESIL 05/30/91
16/05/50 11555 IC 0000027259 FILED
25.00

91304517

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

- Limited partnership's name: Somerset Associates, Ltd.
- File Number Assigned by the Secretary of State: S003375
- Federal Employer Identification Number (F.E.I.N): 362875193
- The reason for filing this certificate of cancellation: This partnership was dissolved on December 31, 1983 pursuant to an Agreement to Dissolve but a certificate was not filed due to clerical error and oversight.
- This certificate of cancellation is effective on:
(Check one)
a) the file date, or
b) another date later than but not more than 60 days subsequent to the filing date. _____ month, day, year
- 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: 900 N. Michigan Avenue
Chicago, Cook County, IL 60611

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. \$13.00

REPT. OF RECORDS
T#8008 TRAN 4550 06/24/91 12:08:00
#0528 # * -91-304517
COOK COUNTY RECORDER

- | | |
|---|---|
| 1. <u>Kevin B. Yates</u>
(Signature)
<u>Kevin B. Yates, Assc. Vice President</u>
(Type or print Name and Title)
<u>JMB Realty Corporation</u>
(Name of General Partner if a corporation or other entity) | 3. _____
(Signature)

(Type or print Name and Title)

(Name of General Partner if a corporation or other entity) |
| 2. <u>Neil G. Bluhm</u>
(Signature)
<u>Neil G. Bluhm, Managing Partner</u>
(Type or print Name and Title)
<u>1977 Associates</u>
(Name of General Partner if a corporation or other entity) | 4. _____
(Signature)

(Type or print Name and Title)

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

4982
8268

(OVER)

91304517

13.00

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5. _____
(Signature)

(Type or print Name and Title)

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

6. _____
(Signature)

(Type or print Name and Title)

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

(Signatures must be in ink on an original document. Carbon copy, photo copy or rubber stamp signatures 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

RECEIVED

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PROPERTY OF COOK COUNTY CLERK'S OFFICE

7100 878