LP 1110 (10/90)

STATE OF ILLINOIS

SUBMIT IN DUPLICATE	APPLICATION FOR REINSTATEMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP	16.792 13004 5.792 3005 F
REINSTATEMENT FEE \$100.00	DOMESTIC OR POREIGN	06/16/0 06/16/0 06/16/9
PENALTY AMOUNT \$ 100.00	92471032	SUSIL (XF 000)
the undersigned limited part	of the Revised Uniform Limited Partnership thership hereby applies for reinstatement.	901753 100.00 00.00 00.00
1. The limited partnership's	s true name is:	rtnership
2. The limited partnership's	s file number is: COO1753	
3. The Federal Employer Iden	ntification Number (F.E.I.N.) is: 59-624566	<u>.</u>
4. The admitting name or ass transacting business in I	sumed name, if any, under which the limited	partnership is
5. State of jurisdiction is:	lllinois	•
	statement is to return the limited partnersh e appropriate)	
anniversary date. b) For failure to fi (prior 1/1/90) c) For failure to ma	the biengial renewal report within 90 dans the a "Certificate to be Governed" in the spanishing a registered agent in this state as sport a FEIN within 180 days after filing the	pecified time allowed.
with the Secretar e) Other (specify)	y of State. DEPT-01 RECOR	MDING \$23.50 2853 06/29/92 10:28:00
7. Penalty of \$100.00 for each The total amount is: \$	ch delinguency checked in item number 6 per 00.00	Section 1109 (a)(b):
This application must be according fees and penalties	ompanied by all delinquent reports and/or d s required.	ocuments together with
The undersigned affirms, unde	er penalties of perjury, that the facts sta	ted herein are true.

The original appl einstatement must be signed by

RETURN TO:

east one general partner.

FILED

ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA SUITE 1601 CHICAGO, IL 60606

ignature)

Samuel Zell, General Partner of LCB JAX Investors
(Type or print Name and Title)

LCB JAX Investors, an Illinois limited partnership

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

File No.

APPLICATION FOR REINSTATEMENT TO THE CERTIFICATE OF (DOMESTIC OR FOREIGN) LIMITED PARTNERSHIP

Chack or Money Order, Payable to Attorney's Check, Illinois C.P.A.'s phyment must be made by Certified chyck, Cashier's Check, Illinois Secretary of State. Stopperity of Cook County Clerk's Office

DO NOT SEND CASE!

rapistered agent of the limited All correspondence regarding this artnership unless a self-addressed filing will be sent to the welope is included.

RETURN 10:

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

92471032

RETURN TO:

AMN M. SCHNEIDER N. RIVERSIDE PLAZY SCHE 1601 CHICAGO, IL SONON