

UNOFFICIAL COPY

Form LP 201
(Rev. Jan. 1991)
Filing Fee \$75

GEORGE H. RYAN
Secretary of State
State of Illinois

006881
Assigned by Secretary of State

OFFICE USE ONLY

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SUBMIT IN DUPLICATE!

CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

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

92521577

1. Limited partnership's name: The Cherry Street Limited Partnership

2. The address, including county, of the office at which the records required by Section 104 are to be kept is: (Post office box alone and c/o are unacceptable) 1014 Green Bay Road, Winnetka, IL 60093

Cook County

3. Federal Employer Identification Number (F.E.I.N.): Applied For

4. This certificate of limited partnership is effective on: (Check one)
a) the filing date, or b) another date later than but not more than 60 days subsequent to the filing date: _____
(month, day, year)

5. The limited partnership's registered agent's name and registered office address is:

Registered agent:	<u>Marc</u>	<u>8</u>	<u>Joseph</u>
	First name	Middle name	Last name
Registered Office:	<u>30 N. LaSalle Street</u>		<u>2900</u>
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60602</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: Acquiring, investing in, owning, leasing and selling certain real estate and improvements consisting primarily of lots and improvements.

IRS Industrial Code Number is: 6531

7. Dissolution date is: Perpetual or July, 2012
(month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5) \$456,000.00

9. A brief statement of the partners' membership termination and distribution rights:
A full description of the partners' membership termination and distribution rights are located at the office of the partnership.

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10. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)


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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 AND NAME

BUSINESS ADDRESS

1. 

 (Signature)
 Raymond H. Chou, President

 (Type or print name and title)
 R.H. Chou Company, an Illinois corporation

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

2. _____
 (Signature)

 (Type or print name and title)

 (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)

4. _____
 (Signature)

 (Type or print name and title)

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

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)

1. 1014 Green Bay Road

 Number Street
 Winnetka

 City/Town
 Illinois 60093

 State Zip Code

2. _____
 Number Street

 City/Town

 State Zip Code

3. _____
 Number Street

 City/Town

 State Zip Code

4. _____
 Number Street

 City/Town

 State Zip Code

5. _____
 Number Street

 City/Town

 State Zip Code

6. _____
 Number Street

 City/Town

 State Zip Code

92521577

(Signatures must be in ink on an original document. Carbon copy, photocopy 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

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