

UNOFFICIAL COPY

COPIES 890

Form LP 201
(Rev. Jan. 1991)

GEORGE H. RYAN
Secretary of State
State of Illinois

Assigned by Secretary of State

Filing Fee \$75

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.

92556278

OFFICE USE ONLY

0006590 50SIL 07/22/92
75.00 10 0000013255 FILE

1. Limited partnership's name: K/2960 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) 120 S. LaSalle Street, Suite 1800, Chicago, IL 60603
Cook County

3. Federal Employer Identification Number (F.E.I.N.): 36-3833386

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) DEPT-01 RECORDING 92556278
T33333 TRAN 0744 07/29/92 12:41:00 \$25.00
49737 + C # -92-556278

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

| | | | |
|---|------------------------|-------------|-----------|
| Registered agent: | Richard | S. | Curto |
| | First name | Middle name | Last name |
| Registered Office: | 120 S. LaSalle Street, | | 1800 |
| (P.O. Box alone and c/o are unacceptable) | Number | Street | Suite # |
| | Chicago | Cook | 60603 |
| | City | County | Zip Code |
| | | Illinois | |

6. The limited partnership's purpose(s) is: To acquire, own and operate a convalesce care facility,
and to do any and all other acts which may be necessary to any of the foregoing or
conduct of the partnership business.

IRS Industrial Code Number is: 8050

7. Dissolution date is: Perpetual or December 31, 2030
(month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5)
\$100.00

9. A brief statement of the partners' membership termination and distribution rights:
See Exhibit A attached hereto

BK 237

2500
251

UNOFFICIAL COPY

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

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]
 (Signature)
Richard S. Curtis, Vice President
 (Type or print name and title)
 KILICO REALTY CORPORATION
 (Name of General Partner if a corporation or other entity)

2. [Signature]
 (Signature) V.P.
Stephen S. Timbers, Vice President
 (Type or print name and title)
 KILICO REALTY CORPORATION
 (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. 120 S. LaSalle Street, Suite 1800
 Number Street
 Chicago
 IL City/town 60603
 State Zip Code

2. 120 S. LaSalle Street, Suite 1800
 Number Street
 Chicago
 IL City/town 60603
 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

92158278

(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

UNOFFICIAL COPY

EXHIBIT A

9.4 Deemed Distribution and Recontribution.

Notwithstanding any other provision of this Article XI, in the event the Partnership is liquidated within the meaning of Regulations Section 1.704-1(b)(2)(ii)(g) but no Liquidating Event has occurred, the Property and other Partnership assets shall not be liquidated, the Partnership's liabilities shall not be paid or discharged, and the Partnership's affairs shall not be wound up. Instead, the Partnership shall be deemed to have distributed the Property and other Partnership assets in kind to the General Partner and Limited Partner, who shall be deemed to have taken, subject to all Partnership liabilities, all in accordance with their respective Capital Accounts. Immediately thereafter, the General Partner and Limited Partner shall be deemed to have recontributed the Property in kind to the Partnership, which shall be deemed to have taken subject to all such liabilities.

9.5 Rights of the Limited Partners. Except as otherwise provided in this Agreement, (a) each Limited Partner shall look solely to the assets of the Partnership for the return of its Capital Contribution and shall have no right or power to demand or receive property other than cash from the Partnership, and (b) no Limited Partner shall have priority over any other Limited Partner as to the return of its Capital Contributions, distributions, or allocations.

FILED 07/22/92
10 0000013235 FILED
75.00

County Clerk's Office

92556278

UNOFFICIAL COPY

Property of Cook County Clerk's Office

92556478