

# UNOFFICIAL COPY

Form LP 201  
(Rev. Jan. 1991)

Filing Fee \$75

SUBMIT IN DUPLICATE!

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

9 2 0 3  
GEORGE H. RYAN  
Secretary of State  
State of Illinois

File # 1 3004036  
Assigned by Secretary of State

OFFICE USE ONLY

CO07036 SUBIL 11/06/92  
75.00 ID 0000013849 FILE

## CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

92833134

1. Limited partnership's name: Columbia III 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)

399 Boylston Street, Boston, MA 02117 Suffolk County

3. Federal Employer Identification Number (F.E.I.N.): Applied for DEPT. OF RECORDING \$23.00

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)

T#3333 TRAN 7921 11/09/92 09:52:00  
#4440 # \* -92-833134  
COOK COUNTY RECORDER

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

Registered agent:	<u>Sandra</u>	<u>Y.</u>	<u>Kellman</u>
	First name	Middle name	Last name
Registered Office:	<u>203 North LaSalle Street</u>		
(P.O. Box alone and c/o are unacceptable)	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60601</u>
	Number	Street	Suite #
	City	County	Zip Code

6. The limited partnership's purpose(s) is: to invest directly or indirectly in real property

IRS Industrial Code Number is: 6748

7. Dissolution date is:  Perpetual or December 31, 2035  
(month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5)  
\$19,033,104.00

9. A brief statement of the partners' membership termination and distribution rights:  
The Partners have no voluntary termination rights. Upon termination of the Partnership, the proceeds of liquidation shall be distributed to and among the Partners in accordance with the terms of the Partnership Agreement which is kept at the principal office of the Partnership.

92833134

23/92

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## 10. 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

CIIF Associates, a Massachusetts general partnership

By: Copley Advisors, Inc.,  
a managing partner

By:   
Its: **DANIEL J. COUGHLIN**  
MANAGING DIRECTOR

1.	399 Boylston Street
	Number Street
	Boston
	City/town
	Massachusetts 02117
	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

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)

(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!

**BOX 416**

#### 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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