

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 pre-paid postage is included.

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GEORGE H. RYAN
Secretary of State
State of Illinois

File # C006674
Assigned by Secretary of State

CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

OFFICE USE ONLY

FILED 02/12/92
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1. Limited partnership's name: I.B.P. 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) Huffman Shaffer Anderson/180 N. Wacker, Suite 500/
Chicago, IL 60606 . DEPT-01 RECORDING \$25.50

3. Federal Employer Identification Number (F.E.I.N.): 36-3802550 . 03468 E *-92-355749
COOK COUNTY RECORDER

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>Samuel</u>	<u>J.</u>	<u>Polasky</u>
	First name	Middle name	Last name
Registered Office:	<u>1216 North LaSalle Street</u>		
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Chicago,</u>	<u>Cook</u>	<u>Illinois 60610</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: Real Estate Development

IRS Industrial Code Number is: 6511

7. Dissolution date is: Perpetual or December 31, 2041
(month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5)
\$1000

9. A brief statement of the partners' membership termination and distribution rights:
Partnership has option to purchase terminated partner's interest at
appraised value, or for "Net Invested Capital", depending on
reason for termination.

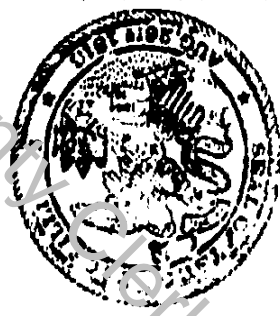
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Property of Comptroller's Office

BY: *[Signature]*
DATE: *2/18/92*
George H. Ryan
Secretary of State



STATE OF ILLINOIS
Office of the Secretary of State
I hereby certify that this is a true and
correct copy, consisting of 2
pages, as taken from the original on file in
this office.

MAIL TO

Polisky + Riordan Ltd. #3
1216 W. LaSalle St.
Chicago, IL 60610

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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
1.	<p><u>[Signature]</u> (Signature) Dennis J. Hiffman (Type or print name and title)</p> <p>(Name of General Partner if a corporation or other entity)</p>
2.	<p><u>[Signature]</u> (Signature) John E. Sharfer (Type or print name and title)</p> <p>(Name of General Partner if a corporation or other entity)</p>
3.	<p><u>[Signature]</u> (Signature) Daniel G. Anderson (Type or print name and title)</p> <p>(Name of General Partner if a corporation or other entity)</p>
4.	<p><u>[Signature]</u> (Signature) E. Thomas Collins, Jr. (Type or print name and title)</p> <p>(Name of General Partner if a corporation or other entity)</p>
5.	<p><u>[Signature]</u> (Signature) Richard E. Huliga (Type or print name and title)</p> <p>(Name of General Partner if a corporation or other entity)</p>
6.	<p>_____ (Signature)</p> <p>_____ (Type or print name and title)</p> <p>_____ (Name of General Partner if a corporation or other entity)</p>

	BUSINESS ADDRESS	
1.	<u>180 N. Wacker</u> Number Street Chicago City/town Illinois 60606 State Zip Code	
2.	<u>180 N. Wacker</u> Number Street Chicago City/town Illinois 60606 State Zip Code	
3.	<u>180 N. Wacker</u> Number Street Chicago City/town Illinois 60606 State Zip Code	
4.	<u>180 N. Wacker</u> Number Street Chicago City/town Illinois 60606 State Zip Code	
5.	<u>180 N. Wacker</u> Number Street Chicago City/town Illinois 60606 State Zip Code	
6.	<u>_____</u> Number Street _____ City/town Illinois 60606 State Zip Code	

(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 62758
Telephone: (217) 785-8960