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Form LP 108
(Rev. Jan. 1991)

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

Filing Fee.
See note below.

SUBMIT IN DUPLICATE!

APPLICATION TO ADOPT,
CHANGE, OR CANCEL AN ASSUMED NAME
(Illinois or foreign limited partnership)

93906981

OFFICE USE ONLY

CO05810 SOSIL 11/04/93
.20.00 AS 0000016351 FILED

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.

COOK COUNTY RECORDER
186906-96-2 * 2327
DEPT-01 RECORDING

1. Limited partnership's name: 101 WEST GRAND ASSOCIATES LIMITED PARTNERSHIP

2. File number assigned by the Secretary of State: C00-5810

3. Federal Employer Identification Number (F.E.I.N.): 36-3442757

4. Admitting name, if any, under which the limited partnership has elected to transact business (foreign only):
N/A

5. State or other jurisdiction under the laws of which the limited partnership is formed is: (Check one)
 Illinois (domestic) Foreign (specify): _____

6. TO ADOPT: The above-named limited partnership intends to adopt and to transact business under the assumed name of: COURT HOUSE EXECUTIVE OFFICES L.P.

7. (a) TO CHANGE: The above-named limited partnership intends to cease transacting business under the assumed name of: N/A

(b) and to commence transacting business under the new assumed name of: N/A

8. TO CANCEL: The above-named limited partnership intends to cease transacting business under the assumed name of:
N/A

NOTE: The filing fee to adopt or to change an assumed name is \$20.00 plus \$2.50 for each month or part thereof between the date of filing this application and the date upon which the limited partnership may renew its use.

Filing fee to cancel an assumed name \$5.

23.50

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The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

One general partner must sign the application to adopt, change or cancel an assumed name.

101 West Grand Corporation, an Illinois corporation, sole general partner



(Signature)

By: _____
(Type or print name and title)

Albert M. Friedman, President

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

(Signature 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



Steve Mossutta
54 W. HUBBARD ST
SUITE 100
CHICAGO IL 60610

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