

LP 203
(Rev Jan 1991)

GEORGE H. RYAN
Secretary of State
State of Illinois

Filing Fee \$25

SUBMIT IN DUPLICATE!

CERTIFICATE OF CANCELLATION
OF THE
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.

OFFICE USE ONLY

1. Limited partnership's name: 400 Garden City Limited Partnership

2. File number assigned by the Secretary of State: 8005779

3. Federal Employer Identification Number (F.E.I.N.): 36-3819108

4. The reason for filing this certificate of cancellation: The Partnership has been dissolved as of December 31, 1991 in accordance with the terms of the Agreement of Limited Partnership.

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

6. The post office address, including county, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is:
8700 W. Bryn Mawr
Ste. 900
Chicago, Cook County, IL 60631

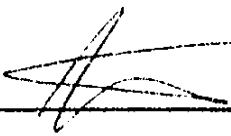
93024184

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

DEPT-01 RECORDINGS \$23.00
#0000 TRAN 7976 01/11/93 15:40:00
#8770 # N-73-024184
COOK COUNTY RECORDER

The original certificate of cancellation must be signed by all general partners

SIGNATURE AND NAME

1. 

(Signature)
Joel A. Stone, President

(Type or print name and title)
400 Garden City Corp.

(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)

2. _____
(Signature)

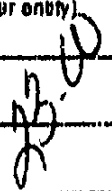
(Type or print name and title)

(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)



UNOFFICIAL COPY

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!

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 330, Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-0960

7-11-1993

Property of Cook County Clerk's Office

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