

UNOFFICIAL COPY

LP 203
(Rev. Jan. 1991)

GEORGE H. RYAN
Secretary of State
State of Illinois

Filing Fee \$25

OFFICE USE ONLY

001987 5051L 12/24/92
25.00 IC 0000014224 FILED

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.

**CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)**

93034234

- Limited partnership's name: Century Centre Associates
- File number assigned by the Secretary of State: 0091987
- Federal Employer Identification Number (F.E.I.N.): 36-3346586
- The reason for filing this certificate of cancellation: Dissolution of Partnership

DEPT-01 RECORDING \$23.00
 14444 TRAN 2533 01/14/93 10:16:00
 9882 C * -93-034234
 COOK COUNTY RECORDER


- 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)

- 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: _____
20 North Wacker Drive, Suite 3820, Chicago, Cook County, Illinois 60606

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

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

23.00 CT

- | | |
|---|---|
| 1. 

(Signature) | 3. _____
(Signature) |
| <u>Steven D. Fifield, general partner</u>
(Type or print name and title) | _____
(Type or print name and title) |
| <u>Fifield Companies, Ltd., an Illinois limited partnership</u>
(Name of General Partner if a corporation or other entity) | _____
(Name of General Partner if a corporation or other entity) |
| 2. _____
(Signature) | 4. _____
(Signature) |
| _____
(Type or print name and title) | _____
(Type or print name and title) |
| _____
(Name of General Partner if a corporation or other entity) | _____
(Name of General Partner if a corporation or other entity) |

Return To SA 416
JMH

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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.)

[Illegible signature]

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

Property of Cook County Clerk's Office

90034237