

UNOFFICIAL COPY

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 extra postage is included.

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

CG07148

93040467

OFFICE USE ONLY

CG07148 SUBSIL 12/31/93
75.00 10 0000014507 1113

1. Limited partnership's name: Central Pine Limited Partnership II

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)

1173 South Euclid, Oak Park, County of Cook, Illinois 60304

93040467

3. Federal Employer Identification Number (F.E.I.N.): Applied for

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 90 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>Duane Ehresman</u>		
	First name	Middle name	Last name
Registered Office:	<u>1173 South Euclid</u>		
(P.O. Box alone and c/o are unacceptable)	Number	Street	State
	<u>Oak Park</u>	<u>Cook</u>	<u>Illinois</u>
	City	County	Zip Code
			<u>60304</u>

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

DEPT-01 RECORDING 923.50
745559 FROM 8470 01/15/93 14:50:00
4-1806-11-1-53-040467
COOK COUNTY RECORDER

IRS Industrial Code Number is: 6511

7. Dissolution date is: Perpetual or December 31, 2034
(month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5)
\$1,000.00

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.

23.50
BT

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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

1. *Duane Ehresman*
(Signature)
Duane Ehresman General Partner
(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)

3. _____
(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)

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)

1. 1173 South Euclid
Number Street
Oak Park
City/Town
Illinois 60304
State Zip Code

2. _____
Number Street
City/Town
State Zip Code

3. _____
Number Street 93040467
City/Town Zip Code
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

(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) 785-8950