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Form LP 201
(Rev. Jan. 1991)

Approved by Secretary of State

Filing Fee \$75

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

CERTIFICATE OF LIMITED PARTNERSHIP

(Illinois limited partnership)

6948E-56-4 68874

00524:11 86/62/90 0481 999941

00:23:00 18/01-01 RECORDING

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope is included.

93318469

OFFICE USE ONLY

SEARCHED INDEXED SERIALIZED FILED
MAR 21 1991
CLERK OF COUNTY CLERK'S OFFICE
JAN 21 1991

- Limited partnership's name: RIVER FOREST TOWN CENTER LIMITED PARTNERSHIP
- 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) 9933 North Lawler Avenue, Skokie, Illinois 60077, Cook County
- Federal Employer Identification Number (F.E.I.N.): 36-3875372
- 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

Registered agent's name and registered office address is:

Registered Agent:	Seymour		Taxman	
	First Name	Middle Name	Last Name	
Registered Office:	9933 North Lawler Avenue			
(P.O. Box alone and c/o are unacceptable)	Number	Street	City	Suite #
	Skokie	Cook	Illinois	60077
	City	County	Zip Code	

6. The limited partnership's purpose(s) is: To acquire, own, develop, lease, manage and operate a first class shopping center on land to be acquired by the Village of River Forest and conveyed to the Limited Partnership.

IRS Industrial Code Number is: 6520 & 6552

7. Dissolution date is: Perpetual or December 31, 2032 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: Each Partner will receive their proportionate interest in the Partnership upon dissolution. The Partnership shall only terminate upon the bankruptcy or dissolution of the General Partner & when successor is found within 3 months.

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10.

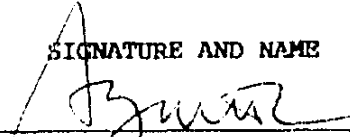
NAME(S) & BUSINESS ADDRESS(S) OF GENERAL PARTNER(S)

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. 
 (Signature)
 Seymour Taxman - President
 (Type or print Name and Title)
 CHITOWN DEVELOPMENT, LTD.
 (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. 9933 N. Lawler Avenue
 Number Street
 Skokie
 City/Town
 Illinois 60077
 State Zip Code

2. _____
 Number Street

 City/Town

 State Zip Code

3. _____
 Number Street

 City/Town

 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

5/23/74
6/9/74

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Property of Cook County Clerk's Office

(Signatures must be in ink on an original document. Carbon copy, photo copy 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