Porm LP 103 (c) (Rev. Jan. 1991)

| (Rev. | Jan. 1991) 676 | | GE H. RYAN | OPY | ាង សេក ex ៅការ គ្នា មក ក្រុ ស្រែសាស - ឆ្នាំ |
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| | 可以外 (1) | RESIGNATION | OF REGISTERED AGEN | 1 - | SD 7.00 |
| | | | eign limited partne | rship) | 80 |
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| | | • | • | | 3 " |
| | | Ca | sa Bonita Investors | : Limited | , |
| l. Lin | nited partnershi | p's name: | Sa Dalta Hivescore |) IIIII OCA "" | |
| | | | | The state of the s | |
| | | · | | <u></u> | |
| suc | e address, icalu ch is known to t acceptable) 23 | he registered a | the principal offi gent is: (Post offi reet | ce of the limited ce box alone and | d partnership, as c/o are |
| | a. | nicago, IL 6064 | 9, Cook County | 4 - 1 - 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
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| | | | | | <u> </u> |
| 3. Fi | le Number Assign | ed by the Secre | tary of State: C007 | 2648 | <u> </u> |
| | • | | umber (F.E.I.N): | | • |
| | gergi Embrohet r | | muser (F.C.I.N): | JO J207031 | , |
| • | | | red avent's name ar | nd registered off | ice address is: |
| | The limited partnership's registered agent's name and registered office address is: Registered Agent: James T. Easterling | | | | |
| Reg | gistered Agent: | James T. Easte | erring | | Y |
| | -i-b Defice. | First Name | Middle Middle Nest National Plica | iame | Last Name |
| Reg | gistered Office: .O. Box alone | Number | Stree: | | Suite # |
| | nd c/o are | Chicago | Cook | Illinois | |
| | nacceptable) | City | County | CV. | Zip Code |
| | • | ٠ | | · 'T' | |
| 6. The | e regist <mark>ered ag</mark> e | nt resigns, eff | ective on: $\frac{6/25/9}{1}$ | | h is not less than |
| 20 | Januar a Khana Aba | and of filing | · · · · · · · · · · · · · · · · · · · | day, year | |
| | days after the | date of fifting | Litte lota. | | Ç• |
| 7. A (| copy of this not | ice has been se | nt to the principal | office of the 1 | Amited partnership |
| at | least 10 days p | rior to the dat | e of its filing wit | th the Secretary | of State. |
| . <u>[X</u> | YES date sen | nt: May 14, 19 | 93 NO | | |
| | | | | **** *** | essad bausin nos |
| | e undersigned af ue. | tirms, under pe | nalties of perjury, | , that the lact S | cated nerein are |
| | | | the registered ager | nt, if an individ | ual, or if a |
| CO | rporation, by a | principal offic | er. | | |
| . / | 7 | 7 t | AD. | | |
| j | Signature of Individual Agent Signature of Principal Officer | | | | al Officer |
| | • | | ardı | impar or evaluate | |
| Ja | mes T. Easterlin | ng | ************************************** | | |
| | Name (Print | or tune) | Nat | me & Title (print | or type) |

(Signatures must be in ink in a grigital decament. 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, Secretary of State Cashier's Check, Illinois Attorney's and the Department of Business Services Check, Illinois C.P.A.'s Check or Money Order, Payable to "Secretary of State".

DO NOT SEND O

Return To:

Vera Penev, Legal Assistant Coffield Ungaretti & Harris - 3500 Three First Nacional Plaza Chicago, IL 60602

RETURN TO: SERVER OF 1995 PERMITTE Limited Partnership Division Room 330 Centennial Building

化键 网络海绵红斑

Telephone: (217) 785-8960

DEPT-01 RECORDING T#3333 TRAN 5002 05/26/93 10:23:00 **\$9565 ₹ .. ₩-93-397404** COOK COUNTY RECORDER