

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)

OFFICE USE ONLY
5000390 SOSIL 04/26/94
25.00 HH 0000061640 FILED

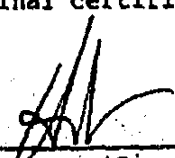
All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope is included.

- Limited partnership's name: Joliet Plaza Associates
- File Number Assigned by the Secretary of State: 5000390
- Federal Employer Identification Number (F.E.I.N.): 35-1613617
- The reason for filing this certificate of cancellation: The Partnership has been dissolved
DEPT-01 RECORDING \$23.00
T40014 TRAN 1729 05/16/94 08:55:00
\$0075 AR *-94-436108
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: 115 W. Washington St., Suite 15E, Merchants Plaza, Marion County, Indianapolis, IN 46204

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

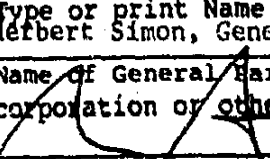
The original certificate of cancellation must be signed by all general partners.

SIGNATURE AND NAME

1. 

(Signature)

(Type or print Name and Title)
Herbert Simon, General Partner

(Name of General Partner if a corporation or other entity)
2. 

(Signature)
Melvin Simon, General Partner

(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)

Boo 2300

2300

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, 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

Property of Cook County Clerk's Office

RECORDING DESK
BOX 170

94436108