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Form LP 201
(Rev. Jan. 1991)

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 pre-paid postage is included.

94516754
(2) GEORGE H. RYAN
Secretary of State
State of Illinois

File # 007961
Assigned by Secretary of State

CERTIFICATE OF LIMITED PARTNERSHIP

(Illinois limited partnership)

OFFICE USE ONLY

RECORDING
\$23.50
TRAN 3595 06/10/94 16:18:00
\$2981 = KB * - 94 - 516754

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- Limited partnership's name: LPW 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) 853 North Elston Avenue, Chicago, Illinois 60622
COOK CTY
- Federal Employer Identification Number (F.E.I.N.): Applied For
- 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) 7-22-94
*RECORDING \$23.50
TRAN 3595 06/10/94 16:18:00
\$2981 = KB * - 94 - 516754*
- The limited partnership's registered agent's name and registered office address is: COOK COUNTY RECORDER

Registered agent:	Thomas	R.	Wechter
	First name	Middle name	Last name
Registered Office:	55 East Monroe Street		4100
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	Chicago	Cook	Illinois
	City	County	Zip Code
			60603
- The limited partnership's purpose(s) is: to acquire, own, finance, construct and/or rehabilitate, operate, lease and manage real estate and personal property incident thereto, and to pursue other business and investment opportunities.
- IRS Industrial Code Number is: 6552
- Dissolution date is: Perpetual or December 31, 2034 (month, day, year)
- The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5) One Hundred Dollars (\$100)
- A brief statement of the partners' membership termination and distribution rights:
Each of the General and Limited Partners may withdraw or transfer its partnership interest with the other's prior written consent. The Partnership will terminate upon liquidation, bankruptcy, or withdrawal of the General Partner unless the Limited Partner selects a successor, or upon the sale or conversion of substantially all partnership assets, or by operation of law. All distributions shall be in accordance with partnership interests: General Partner, 1% and Limited Partner, 99%.

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23.50

(over)

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10.

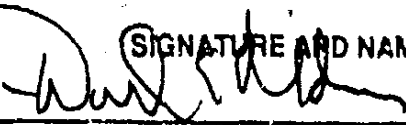
NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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.

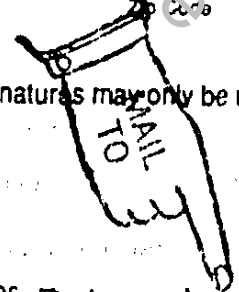
SIGNATURE AND NAME

BUSINESS ADDRESS

1.  (Signature) Daniel S. Mahru, President (Type or print name and title) Rezmar Corporation (Name of General Partner if a corporation or other entity)	1. 853 North Elston Avenue Number Street Chicago City/town Illinois State 60622 Zip Code
2. _____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	2. _____ Number Street _____ City/town _____ State Zip Code
3. _____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	3. _____ Number Street _____ City/town _____ State Zip Code
4. _____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	4. _____ Number Street _____ City/town _____ State Zip Code
5. _____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	5. _____ Number Street _____ City/town _____ State Zip Code
6. _____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	6. _____ Number Street _____ City/town _____ State Zip Code

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PROPERTY OF COOK COUNTY CLERK'S OFFICE



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."

RETURN TO:
Secretary of State
Department of Business Services
Limited Partnership Division
Room 330, Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

Return to:
Holleb & Coff
Attn: Gayle Brocke
55 E. Monroe
Chicago, IL 60603

DO NOT SEND CASH!