UNOFFICIAL CORNERS

Form LP 203 (Rev. Jan 1991)

Piling Pee \$25

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED FARTNERSHIP
(Illinois limited partnership)

All consepondence regarding the filing will be sent to the registered agent of the brined partnership unless is self-addressed envertope is included.

(ILL. - LP 2828 - 4/25/91)

OFFICE USE ONLY

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1. Limited partnership's name: Insured Income Prop	and an 100% of Balauare
Limited Partnership's name: Insured Income Prop	ercies 1704 (d between
2. File Number Austaned by the Secretary of State:	: S001326 .
-/X	
3. Federal Employer Identification Number (F.E.I.)	y): 86-0497461
4. The reason for filing this certificate of cancer into a Delaware corporation and, therefore, n	
business in the State of Illinois	O TOURET EXTREM OF CTURNOTOR
DUSTRESS IN the Ducto of Line	
5. This certificate of cancellation is effective of	on:
(Check one)	94822192
a) X the file date, or	- · · · ·
b) another date later than but not more t	than 60 days subsequent to the filing
date.	
month, day, year	
6. The post office address, including county, to w	which the Secretary of State may mail a
copy of any process against the limited partner	chip that may be served on him or her
is: 17207 N. Perimeter Drive, County of Maric	opa, Lity of Scottsdale, Arizona 85255
	4.
The under menalties of perjur	+hat the facts stated herein are true.
The undersigned affirms, under penalties of perjur	ry, that the facts stated herein are true.
The undersigned affirms, under penalties of perjur	
The original certificate of cancellation must be s	signed by all general partners.
The original certificate of cancellation must be s	signed by all general partners.
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The original certificate of cancellation must be so SIGNATURE AND NATIONAL SIGNATURE SIG	signed by all general partners.
The original certificate of cancellation must be so SIGNATURE AND NATURE AND	Signed by all general partners. ME (Signature)
The original certificate of cancellation must be so SIGNATURE AND NATIONAL SIGNATURE SIG	(Signature) (Type or print Name and Title)
SIGNATURE AND NA (Signature) Morton H. Fleischer, President (Type or print Name and Title) Franchise Finance Corporation of America I (Name of General Partner if a	(Signature) (Type or print Name and Title) (Name of General Partner if a
The original certificate of cancellation must be so SIGNATURE AND NATURE AND	(Signature) (Type or print Name and Title)
The original certificate of cancellation must be so SIGNATURE AND NATURE AND	(Signature) (Type or print Name and Title) (Name of General Partner if a corporation or other entity)
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The original certificate of cancellation must be so SIGNATURE AND NATURE AND	(Signature) (Name of General Partner if a corporation or other entity) (Signature)
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The original certificate of cancellation must be so SIGNATURE AND NATURE AND	(Signature) (Name of General Partner if a corporation or other entity) (Type or print Name and Title)
The original certificate of cancellation must be so SIGNATURE AND NATURE AND	(Signature) (Name of General Partner if a corporation or other entity) (Type or print Name and Title)

(OVER)

UNOFFICIAL COPY

5	6
(Signature)	(Signature)
(Type or print Name and Title)	(Type or print Name and Title)
(Name of General Partner if a corporation or other entity)	(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 CASE:

RETURN TO:

Secretary of State Department of Business Services Limited Partnership Division Room 330 Centennial Building Springfield, Illinois 62756

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