

# UNOFFICIAL COPY

Form LP 801  
(Rev. Jan. 1991)

**GEORGE H. RYAN**  
Secretary of State  
State of Illinois

Assigned by Secretary of State

Filing Fee \$75

**SUBMIT IN DUPLICATE!**

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

## CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

OFFICE USE ONLY

1. Limited partnership's name: LASALLE/NORTHBROOK LIMITED PARTNERSHIP

2. 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) 11 South LaSalle Street  
Chicago, Cook County, Illinois 60603

3. Federal Employer Identification Number (F.E.I.N.): applied for

4. 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)

5. The limited partnership's registered agent's name and registered office address is: JEFFREY B. COOK COUNTY 60603

Registered agent:	<u>JEFFREY</u>	<u>B.</u>	<u>COOK COUNTY 60603</u>
	First name	Middle name	Last name
Registered Office:	<u>11 South LaSalle Street</u>		
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Chicago,</u>	<u>Cook</u>	<u>60603</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: to act as a general partner in a limited partnership

IRS Industrial Code Number is: 6500

7. Dissolution date is:  Perpetual or December 31, 2026  
(month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5) 21,000

9. A brief statement of the partners' membership termination and distribution rights:  
Distribution based on percentage rights

return to  
Box 807

(over) 23 to: H. ROSENBERG

3116523

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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]*  
(Signature)  
MAJOR W. JONES, JR. VICE PRESIDENT  
(Type or print name and title)  
LASALLE/NORTHBROOK, INC.  
(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. 11 South LaSalle Street  
Number Street  
Chicago  
City/Town  
IL 60603  
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

3446002

(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."

**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