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GEORGE H. RYAN
Secretary of State
State of Illinois

File # 20117263
Assigned by Secretary of State

Filing Fee \$75

SUBMIT IN DUPLICATE!

CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

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

OFFICE USE ONLY

0007263 0387 03/17/94
75.00 10 000017487

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1 Limited partnership's name: Joliet Parcel J, 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) 180 N. Wacker

Suite 500, Chicago, Illinois 60606, Cook County DEPT OF RECORDING \$23.50

3 Federal Employer Identification Number (F.E.I.N.) applied for 146666 IRAN 6693 04/05/94 15:24:00
12246 RC 4-94-304515

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)
COOK COUNTY RECORDER

5 The limited partnership's registered agent's name and registered office address is:

Registered agent:	E. Thomas Collins, Jr.		
	First name	Middle name	Last name
Registered Office:	180 North Wacker Drive, Suite 500		
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	Chicago	Cook	60606
	City	County	Zip Code

6 The limited partnership's purpose(s) is: to acquire, develop, improve, hold for investment, operate, mortgage, manage, lease, sell, exchange or otherwise exploit real property.

IRS Industrial Code Number is: 6511

7 Dissolution date is: Perpetual or December 31, 2043
(month, day, year)

8 The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5) \$100.00

9 A brief statement of the partners' membership termination and distribution rights:
Operating Cash Flow shall be distributed in the following order: 1. to pay partner loans and 2. in accordance with the partners' proportionate interests. The partnership shall terminate upon the following occurrences: 1. conversion of all of the assets of the partnership to cash or its equivalent and 2. retirement of all general partners and failure of the limited partners to designate a general partner.

(over)

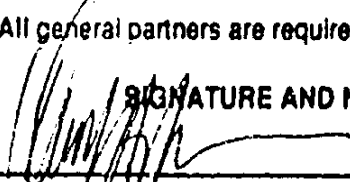
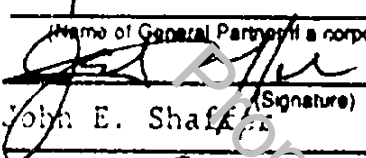
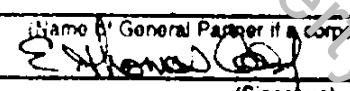
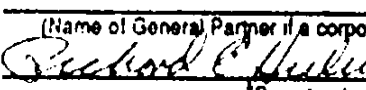
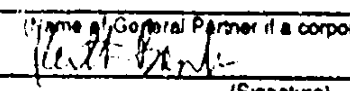
2350

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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) Dennis J. Hiffman _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	1. 180 N. Wacker Drive, Suite 500 _____ Number Street Chicago _____ City/town Illinois 60606 _____ State Zip Code		
2.  _____ (Signature) John E. Shaffner _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	2. 180 N. Wacker Drive, Suite 500 _____ Number Street Chicago _____ City/town Illinois 60606 _____ State Zip Code		
3.  _____ (Signature) E. Thomas Collins, Jr. _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	3. 180 N. Wacker Drive, Suite 500 _____ Number Street Chicago _____ City/town Illinois 60606 _____ State Zip Code		
4.  _____ (Signature) Richard E. Hulina _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	4. 180 N. Wacker Drive, Suite 500 _____ Number Street Chicago _____ City/town Illinois 60606 _____ State Zip Code		
5.  _____ (Signature) Keith Bank _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	5. 180 North Wacker, Suite 500 _____ Number Street Chicago _____ City/town Illinois 60606 _____ 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		

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on carbon 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

Mail to:
Larry N. Pachter
Postgraduate
205 N Michigan
Suite 3709
Chicago IL
60601

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