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File # 0007844
Assigned by Secretary of State

Form LP 201
(Rev. Jan. 1991)

GEORGE H. RYAN
Secretary of State
State of Illinois

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.

94304516

OFFICE USE ONLY

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Land

1 Limited partnership's name: Melrose Park Venture Limited Partnership

2 The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. box alone and c/o are unacceptable) Suite 500, Chicago, Illinois 60606, Cook County

3 Federal Employer Identification Number (F.F.I.N.): applied for DEPT-01 RECORDING 123.50
138844 IRAN 4693 04/05/94 15124:00

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 90 days subsequent
to the filing date: 02/27/94 * - 94 - 304516
(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
Registered Office:	180 North Wacker Drive, Suite 500	
(P.O. Box alone and c/o are unacceptable)	Number	Street
	Chicago	Cook Illinois
	City	County
		Zip Code
		60606

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' proportional 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)

23.50

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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)
Dennis J. Hoffman
(Type or print name and title)

180 N. Wacker Drive, Suite 500
Number Street
Chicago
City/town
Illinois 60606
State Zip Code

2. [Signature]
(Signature)
John E. Shaffer
(Type or print name and title)

2. 180 N. Wacker Drive, Suite 500
Number Street
Chicago
City/town
Illinois 60606
State Zip Code

3. [Signature]
(Signature)
E. Thomas Collins, Jr.
(Type or print name and title)

3. 180 N. Wacker Drive, Suite 500
Number Street
Chicago
City/town
Illinois 60606
State Zip Code

4. [Signature]
(Signature)
Richard E. Hulina
(Type or print name and title)

4. 180 N. Wacker Drive, Suite 500
Number Street
Chicago
City/town
Illinois 60606
State Zip Code

5. [Signature]
(Signature)
Keith Bank
(Type or print name and title)

5. 180 North Wacker, Suite 500
Number Street
Chicago
City/town
Illinois 60606
State Zip Code

6. _____
(Signature)
(Type or print name and title)

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 conformed copies.)

FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois attorney's check, or 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) 785-8900

94361516



Mail to:
Patricia Rordan
205 N. Michigan
Suite 3909
Chicago, IL 60601