

94319936

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LP 203  
(Rev. Jan. 1991)  
Filing Fee \$25

GEORGE H. RYAN  
Secretary of State  
State of Illinois

OFFICE USE ONLY

SUBMIT IN DUPLICATE!

## CERTIFICATE OF CANCELLATION OF THE 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 pre-paid postage is included.

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- Limited partnership name: Moody House Development Company
- File number assigned by the Secretary of State: S005457
- Federal Employer Identification Number (F.E.I.N.): 36-2914109
- The reason for filing this certificate of cancellation: Dissolution of Partnership

- This certificate of cancellation is effective on: (Check one)
  - the file date, or
  - another date later than but not more than 60 days subsequent to the filing date. \_\_\_\_\_  
(month, day, year)

6. The post office address, including county, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is: \_\_\_\_\_

c/o Jerome H. Gerson


35 West Wacker Drive, Suite 4200

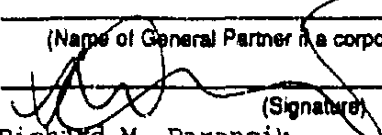
Chicago, Illinois 60601      Cook County

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of cancellation must be signed by all general partners.

### SIGNATURE AND NAME

1.   
(Signature)  
Jerome H. Gerson  
(Type or print name and title)

2.   
(Signature)  
Richard M. Barancik  
(Type or print name and title)

\_\_\_\_\_  
(Name of General Partner if a corporation or other entity)

3. \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Type or print name and title)

4. \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Type or print name and title)

\_\_\_\_\_  
(Name of General Partner if a corporation or other entity)

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Handwritten initials and marks at the bottom right corner.

5. \_\_\_\_\_ (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)

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(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

**DO NOT SEND CASH!**

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