

94351544

Filing Fee \$25

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

**CERTIFICATE OF CANCELLATION  
OF THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)**

OFFICE USE ONLY

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

- Limited partnership's name: Chaparral Associates Limited Partnership
- File Number Assigned by the Secretary of State: 0006760
- Federal Employer Identification Number (F.E.I.N.): 36-3169294
- The reason for filing this certificate of cancellation: Partnership is no longer transacting business.  
DEPT-01 RECORDING \$23.50  
162227 TRON 0424 04/20/94 09154300  
96965 S.L.C. #--94--335 1544  
COOK COUNTY RECORDER
- This certificate of cancellation is effective on: \_\_\_\_\_  
(Check one)  
a)  the file date, or  
b) \_\_\_\_\_ another date later than but not more than 60 days subsequent to the filing date. \_\_\_\_\_  
month, day, year
- 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: 2 N. Riverside Plaza, Chicago, Illinois 60606, 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**

94351544

- |   |  |
|---|--|
| 1. <u></u><br>Ann M. Schneider, Asst. (Signature) Secy. of Zell General Partnership, Inc., the GP of Samuel Zell Robert Lurie General Partnership<br>(Type or print Name and Title) | 3. _____<br>(Signature)<br>(Type or print Name and Title)  |
| Samuel Zell Robert Lurie General Partnership, an ll. general partnership<br>(Name of General Partner if a corporation or other entity)  | (Name of General Partner if a corporation or other entity) |
| 2. _____<br>(Signature)<br>(Type or print Name and Title)   | 4. _____<br>(Signature)<br>(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) |

2350

# UNOFFICIAL COPY

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)

(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 CASH!**

#### RETURN TO:

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 330 Centennial Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

#### RETURN TO:

ANN M. SCHNEIDER  
2 N. RIVERSIDE PLAZA  
SUITE 1001  
CHICAGO, IL 60606

94937549

6646