

Filing Fee \$25

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

94351545

SUBMIT IN DUPLICATE!

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

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

OFFICE USE ONLY

- Limited Partnership's name: Four Star Investments
- File Number Assigned by the Secretary of State: 0001505
- Federal Employer Identification Number (F.E.I.N.): 36-3049991
- The reason for filing this certificate of cancellation: Partnership is no longer transacting business.
- This certificate of cancellation is effective on: DEPT-01 RECORDING 023.50
(Check one) 12222 IRAN 0425 04/20/94 09:56:00
a) the file date, or 6966 & L.C. #94-351545
b) another date later than but not more than 60 days subsequent to the filing date. COOK COUNTY RECORDER
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	
1. <u>[Signature]</u> Ann M. Schneider, Asst. (Signature) Secy. of Zell General Partnership, Inc., the GP of Samuel Zell Robert Lurie General Partners (Type or print Name and Title) Samuel Zell Robert Lurie General Partners, an IL general partnership (Name of General Partner if a corporation or other entity)	3. <u>94351545</u> (Signature) (Type or print Name and Title) (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)	4. _____ (Signature) _____ (Type or print Name and Title) _____ (Name of General Partner if a corporation or other entity)

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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.S.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 130 Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

RETURN TO:

ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA
SUITE 1601
CHICAGO, IL 60606

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