

# UNOFFICIAL COPY

Form LP 108  
(Rev. Jan. 1991)

95515962

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

Filing Fee.  
See note below.

SUBMIT IN DUPLICATE!

## APPLICATION TO ADOPT, CHANGE, OR CANCEL AN ASSUMED NAME (Illinois or foreign 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

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1. Limited partnership's name: Knipp Realty Limited Partnership-V

02.201

2. File number assigned by the Secretary of State: C003311

3. Federal Employer Identification Number (F.E.I.N.): 04-2796270 07

4. Admitting name, if any, under which the limited partnership has elected to transact business (foreign only):

None

5. State or other jurisdiction under the laws of which the limited partnership is formed is: (Check one)

Illinois (domestic)

Foreign (specify): Massachusetts

6. TO ADOPT: The above-named limited partnership intends to adopt and to transact business under the assumed name of: \_\_\_\_\_

7. (a) TO CHANGE: The above-named limited partnership intends to cease transacting business under the assumed name of: \_\_\_\_\_

(b) and to commence transacting business under the new assumed name of: \_\_\_\_\_

8. TO CANCEL: The above-named limited partnership intends to cease transacting business under the assumed name of:

Marine Terrace Apartments L.P.

NOTE: The filing fee to adopt or to change an assumed name is \$20.00 plus \$2.50 for each month or part thereof between the date of filing this application and the date upon which the limited partnership may renew its use.

Filing fee to cancel an assumed name \$5.

2350  
JP


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

One general partner must sign the application to adopt, change or cancel an assumed name.

  
\_\_\_\_\_

(Signature)

Scott D. Spelfogel, Assistant Clerk (Secretary)

(Type or print name and title)

The Krupp Corporation

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

(Signature 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."

**DO NOT SEND CASH**

### RETURN TO:

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8980

DEPT-01 RECORDING \$23.5  
T50008 TRAN 0594 02/04/95 14:06:00  
#4804 # JB \*-95-515962  
COOK COUNTY RECORDER



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