## UNQ556@IAL COPY

Form LP 1108 (Rev. Jan. 1995)

Filing Fee \$15

SUBMIT IN DUPLICATE!

File #

Assigned by Secretary of State

FILING DEADLINE IS PRIOR TO

06/01/95 month, day, year

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



DEPT-01 RECORDING \$23.00
T40008 TRAN 1664 08/22/95 14:43:00
COOK COUNTY RECORDER

When recorded return to: Newtorier's nox #26 Attas Tere M. Anderson New1 Gerber & Elsenberg

> GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT (Illinois or foreign Ilmited partnership)

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

(	Bull Hard I II don't Bury	
1.	Limited partnership's name: Buck Hotel Limited Partner	3/10
2.	Address of office where records required by Section 104 (Illinois) or unacceptable: ) 200 S. Wacker Drive, 40th	Section 902 (foreign) are kept (P.O. Box alone & c/o are 1 Floor, Chicago, Illinois 60606
3.	File number assigned by the Secretary of State:C004289	'0
4.	Federal Employer Identification Number (F.E.I.N.): 36-3668687	95954582
5.	Assumed name, if any:	
6.	Admitting name, if any (foreign only):	
7.	Registered agent:  First name Middle name!  Registered Office: (P.O. Box alone and c/o are unacceptable)	Last nameSlege1
	Number 77 Street West Wacker Drive	
	City Chicago County Cook S	late Illinois Zip Code 60601
8. 8.	State of jurisdiction: 111 ino is	, If foreign, that this limited partnership is validly
	existing as a limited partnership under the laws of In Illinois.	as of this date and that it still exists

## FORM LPUINOFFICIAL COPY

(Rev Jan. 1995)

Laffirm that any entity serving as a general partner for this limited partnership is in good standing in its home state.

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

Renewal report must be signed by a general partner.

Signature\_\_\_ Q. O'Donnell, Vice President

Type or print name and title \_\_\_John

Name of General Partner if a corporation or other entity \_\_\_\_Buck\_Hotel Corp.

(Signature must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signatures are y only be used on conformed copies.)

## FORMS OF PAYMENT:

Payment must be made by cartified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable 15 "Secretary of State." DO NOT SEND CASH! County Clark's Office

## **RETURN TO:**

Secretary of State Department of Business Services Limited Partnership Division Room 357, Howiett Building Springlield, Illinois 62756 Telephone: (217) 785-8960