

Filing Fee \$15

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SUBMIT IN DUPLICATE!

File #

Assigned by
Secretary of State

FILING DEADLINE IS
PRIOR TO

9/01/93

month, day, year

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.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT
(Illinois or foreign limited partnership)

95722617

DEPT-01 RECORDING

T45555 TRAN 9686 10/23/95 14:37:00

42391 # JJ # -95-722617

COOK COUNTY RECORDER

R DEPT-01 RECORDING

T45555 TRAN 9686 10/23/95 14:37:00

42391 # JJ # -95-722617

COOK COUNTY RECORDER

\$23.

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$15 FEE IS REQUIRED.

- Limited partnership's name: River Front Ventures Limited Partnership
- Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are unacceptable): James R. Thompson Center, 100 W. Randolph St. S.210 Chicago, Illinois 60601-3218
- File number assigned by the Secretary of State: C000575
- Federal Employer Identification Number (F.E.I.N.): 363320951
- Assumed name, if any: _____
- Admitting name, if any (foreign only): _____
- Registered agent:
First name Madelynn Middle name J. Last name Hausman
Registered Office: (P.O. Box alone and c/o are unacceptable)
Number 77 Street W. Washington St. Suite# 1119
City Chicago County Cook State Illinois Zip Code 60602
- State of jurisdiction: Illinois, if foreign, that this limited partnership is validly existing as a limited partnership under the laws of _____ as of this date and that it still exists in Illinois.

95722617

Handwritten signature/initials

Form LP 1108
(Rev. Jan. 1995)

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I affirm 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: *Charles W. Palmer*

Type or print name and title Charles W. Palmer, General Partner

Name of General Partner if a corporation or other entity _____

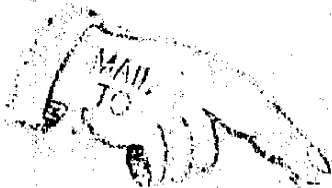
(Signature must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

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) 785-8960



Madelynn Hausman
77 W. Washington
S. 1119
Chicago, IL 60602