

UNOFFICIAL COPY

Form LP 205
(Rev. Jan. 1995)

95895213

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C008816

Assigned by
Secretary of State

DEPT-01 RECORDING \$23.50
T00014 TRAN 0394 12/26/95 13:52:00
#9712 + JW *-95-895213
COOK COUNTY RECORDER

Proprietor of Cook County Clerk's Office

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

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

95895213

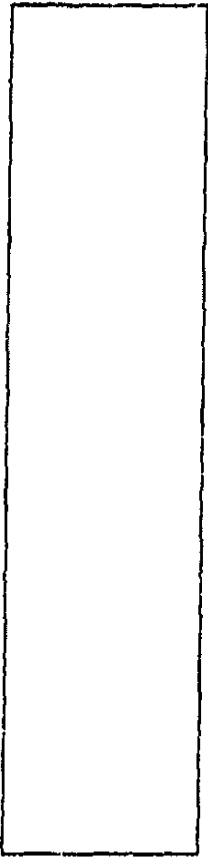
- Limited partnership's name: WCC ASSOCIATES, an Illinois Limited Partnership
- The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 26770 N. Longwood Rd., Lake Forest, IL 60045, Lake County
- Federal Employer Identification Number (F.E.I.N.): APPLIED FOR
- This certificate of limited partnership is effective on: (Check one)
a) the filing date, or b) another date later than but not more than 60 days subsequent to the filing date: _____
(month, day, year)
- The limited partnership's registered agent's name and registered office address is:
Registered agent: RONALD L. PANTER
First name Middle name Last name
Registered Office: 70 W. Madison St., Suite 610
(P.O. Box alone and c/o are unacceptable) Number Street Suite #
Chicago Cook Illinois 60602
City County Zip Code
- The limited partnership's purpose(s) is: to own, develop, operate, manage, and co-venture property, real or personal, to borrow money in furtherance of such purposes and in connection therewith to secure same by mortgages, deeds of trust, pledges, or other liens of security.

IRS Business Code Number is: 7389

7. Dissolution date is: Perpetual or December 31, 2045
(month, day, year)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$600,000.00

9. A brief statement of the partners' membership termination and distribution rights:
Termination of the Partnership shall take place on the first to occur of (a) the expiration of the term of the Partnership; (b) the date on which there is no General Partner; (c) such other date agreed to in writing by the General Partner and the Limited Partners. Distribution: first to payment of debts and liabilities, reserves and repayments of loans, then 99% to Limited Partners and 1% to General Partner.

NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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

All general partners are required to sign the certificate of limited partnership.

SIGNATURE AND NAME

BUSINESS ADDRESS

Signature *William W. Sawyer*

Number/Street 26770 N. Longwood Rd.

Type or print name and title William W. Sawyer
General Partner

City/town Lake Forest

Name of General Partner if a corporation or other entity _____

State IL Zip Code 60045

Signature *Carol A. Sawyer*

Number/Street 26770 N. Longwood Rd.

Type or print name and title Carol A. Sawyer
General Partner

City/town Lake Forest

Name of General Partner if a corporation or other entity _____

State IL Zip Code 60045

Signature _____

Number/Street _____

Type or print name and title _____

City/town _____

Name of General Partner if a corporation or other entity _____

State _____ Zip Code _____

(Signatures 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

RETURN TO:

Ronald L. Panter & Assoc.
70 W. Madison St.
Suite 610
Chicago, IL 60602

