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Form LP 201
(Rev. Jan. 1995)

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Filing Fee \$75

COOK COUNTY, ILLINOIS
FILED FOR RECORD

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SUBMIT IN DUPLICATE!

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File # C008355

Assigned by
Secretary of State

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

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.

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

- Limited partnership's name: ASG - Bedford 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) 216 W. Jackson, 9th Floor, Cook County, Chicago, IL 60606
- Federal Employer Identification Number (F.E.I.N.): 36-3905515
- 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:	<u>Donald F. Schroud</u>
	First name Middle name Last name
Registered Office:	<u>216 W. Jackson 9th Floor</u>
(P.O. Box alone and c/o are unacceptable)	Number Street Suite #
	<u>Chicago Cook Illinois 60606</u>
	City County Zip Code

The limited partnership's purpose(s) is: The partnership is formed for the purpose of acquiring, improving, and holding for investment certain real property. Title to the property shall be held in the name of the partnership.

IRS Business Code Number is: 6511

7. Dissolution date is: Perpetual or 1-6-2045 (month, day, year)

CLP-3.4 Prepared By: Lawrence J. Tashitz

Mail to: Lawrence J. Tashitz
16 E. Adams
Suite 1400
Chicago, IL 60603

BOX 333-CTI

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$350,000.00

9. A brief statement of the partners' membership termination and distribution rights:
by the completion of the purpose intended, or pursuant to the partnership
agreement, by Illinois law, or by death, insanity, bankruptcy, retirement,
withdrawal, resignation, expulsion, or disability of any partner. Distribu-
tion is by the percentages set forth in the Partnership Agreement.

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.

Donald F. Schroud
Signature

SIGNATURE AND NAME

Type or print name and title DONALD F. SCHROUD

GENERAL PARTNER

Name of General Partner if a corporation or
other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

BUSINESS ADDRESS

Number/Street 216 W. Jackson, 9th Floor

City/town Chicago,

State Illinois Zip Code 60606

Number/Street _____

City/town _____

State _____ Zip Code _____

Number/Street _____

City/town _____

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~~

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