

Official Form 2003  
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

**UNOFFICIAL COPY**

95269107 0 7

0003629 03/30/95  
25.00 44 0000075156 FILED

DEPT-01 RECORDING \$23.50  
190003 TRAN 5576 04/24/95 15:13:00  
13835 + DF # 95-269107  
COOK COUNTY RECORDER

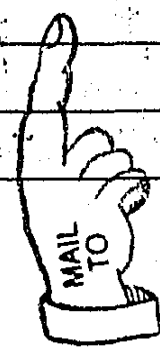
All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.



GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF CANCELLATION  
OF THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

- Limited partnership's name: Squire Court Associates Limited Partnership
- File number assigned by the Secretary of State: 0003629
- Federal Employer Identification Number (F.E.I.N.): 36-3503910
- The reason for filing this certificate of cancellation: Mortgage default, property was repossessed.
- This certificate of cancellation 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 post office address, including county, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is: 154 W. Hubbard Street, Suite 200  
Cook County, Chicago, IL 60610



95269107

23<sup>50</sup>  
MHA

77777777

CO03429 03/30/95  
25.00 RR 0000075156 FILED

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.  
The original certificate of cancellation must be signed by all general partners.

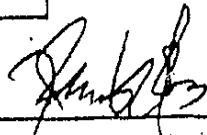
### SIGNATURE AND NAME

Signature 

Type or print name and title Eugene I. Ross, President

Name of General Partner if a corporation or

other entity Ross Investment Corporation

Signature 

Type or print name and title Robert S. Ross,

President

Name of General Partner if a corporation or  
other entity First Dearborn Properties, Inc.

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 \_\_\_\_\_

Signature \_\_\_\_\_

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

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

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

95269107

#### 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