

Filing Fee \$75

95369268

SUBMIT IN DUPLICATE!

File # S 009860

Assigned by  
Secretary of State

DEPT-01 RECORDING \$23.50  
T#7777 TRAN 2880 06/07/95 11:45:00  
#5810 = SK \* -95-369268  
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 LIMITED PARTNERSHIP  
(Illinois limited partnership)

1. Limited partnership's name: Walton-Erie Limited Partnership

2. 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) 142 E. Ontario Street, #1800, Chicago, IL 60611, Cook County

3. Federal Employer Identification Number (F.E.I.N.): 36-4102996

4. 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)

5. The limited partnership's registered agent's name and registered office address is:

Registered agent:	<u>Jeffrey</u>	<u>C.</u>	<u>Ruberstein</u>
	First name	Middle name	Last name
Registered Office:	<u>200 N. LaSalle Street</u>	<u>2100</u>	
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60611</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: to own, acquire and manage real estate

IRS Business Code Number is: 6511

7. Dissolution date is:  Perpetual or December 31, 2024 RETURN TO: KAL  
(month, day, year)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is  
\$800.00

9. A brief statement of the partners' membership termination and distribution rights:

Upon dissolution of the partnership, the partners' memberships shall terminate and partners shall be entitled to distributions in accordance with 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.

#### SIGNATURE AND NAME

Signature \_\_\_\_\_

Type or print name and title Robert Simon, Manager  
Walton Erie, L.L.C.

Name of General Partner if a corporation or other entity Walton Erie, L.L.C.

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 142 E. Ontario St., #1800

City/town Chicago

State Illinois Zip Code 60611

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."

#### RETURN TO:

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

**DO NOT SEND CASH!**