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Form LP 201
(Rev. Jan. 1995)

96425020

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # SC11137

Assigned by
Secretary of State

DEPT-01 RECORDING 423.50
TR0003 1804 9542 06/05/96 11:40:00
93962 \$ L.P. *--96-425020
COOK COUNTY RECORDER

SC11137 5051L 05/22/76
75.00 EE 0000091811 FILED

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)

- Limited partnership's name: BROWN STREET 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) ONE EAST DELAWARE PLACE SUITE 210
CHICAGO, ILLINOIS 60611 COOK 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: JUNE 1, 1996
(month, day, year) 96425020
- The limited partnership's registered agent's name and registered office address is:
Registered agent: LAWRENCE M. SILVER
First name Middle name Last name
Registered office: ONE EAST DELAWARE PLACE SUITE 210
(P.O. Box alone and c/o are unacceptable) Number Street Suite #
CHICAGO COOK ILLINOIS 60611
City County Zip Code
- The limited partnership's purpose(s) is: TO buy, hold, develop or SELL
REAL ESTATE.

IRS Business Code Number is: 6552

7. Dissolution date is: Perpetual or 12/31/2005
(month, day, year)

CLP-3.4

original

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75.00 EE 0000091811 FILED

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

\$ 100,000

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

TERMINATION PER MUTUAL CONSENT, ALL
DISTRIBUTIONS PER PARTNERSHIP INTEREST

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	<u>[Signature]</u>	Number/Street	<u>ONE EAST DELAWARE, SUITE 210</u>
Type or print name and title	<u>Thomas J. McCarty</u>	City/Town	<u>Chicago, IL</u>
Name of General Partner if a corporation or other entity	<u>VIEW PROPERTIES & SERVICES</u>	State	<u>ILLINOIS</u>
Signature	<u>[Signature]</u>	Zip Code	<u>60611</u>
Type or print name and title	<u>SILVER MAPS PROPERTIES, INC. PRES. J.R.</u>	Number/Street	_____
Name of General Partner if a corporation or other entity	_____	City/Town	_____
Signature	_____	State	_____
Type or print name and title	_____	Zip Code	_____
Name of General Partner if a corporation or other entity	_____	Number/Street	_____
Signature	_____	City/Town	_____
Type or print name and title	_____	State	_____
Name of General Partner if a corporation or other entity	_____	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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