

# UNOFFICIAL COPY

96434683

Form LP 201  
(Rev. Jan. 1995)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C009063

Assigned by  
Secretary of State

DEPT-01 RECORDING \$23.50  
TSG003 TRAN 9732 06/07/96 11:16:00  
34229 ÷ MC \* -96-434683  
COOK COUNTY RECORDER

C009063 SDSL 06/05/96  
75.00 IO 0000023145 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: ROCC No. 5 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) 150 North Wacker Drive, Suite 600, Chicago, IL 60606
- Federal Employer Identification Number (F.E.I.N.): applied for
- This certificate of limited partnership is effective on: (Check one)  
a) 1 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: Suzanne Bessette-Smith, Esq.  
First name                      Middle name                      Last name                       
Registered Office: 333 West Wacker Drive, Suite 2700  
(P.O. Box alone and c/o are unacceptable) Number                      Street                      Suite #                       
Chicago                      Cook                      Illinois                      60606  
City                      County                      Zip Code
- The limited partnership's purpose(s) is: to acquire, own, operate, lease or otherwise use real estate. The partnership shall have the power to do all acts and things necessary, or useful in furtherance of the Partnership's purpose and business.

IRS Business Code Number is: 6511

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

CLP-3.4

23<sup>50</sup>  
BWK

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is  
\$1,000.00

9. A brief statement of the partners' membership termination and distribution rights:  
The partners membership termination and distribution rights will be distributed pro rata to  
their contribution to the Partnership and pursuant to Article VIII of the Limited 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 *Michael T. Tomasz* SIGNATURE AND NAME

Type or print name and title Michael T. Tomasz, President

BUSINESS ADDRESS  
Number/Street 150 North Wacker Drive #600

City/Town Chicago

Name of General Partner if a corporation or  
By:  
other entity Tomasz/Shidler Investment Corporation

State ILLINOIS Zip Code 60606

Signature \_\_\_\_\_

Number/Street \_\_\_\_\_

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

City/Town \_\_\_\_\_

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

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 P.A.'s check or money order, payable to "Secretary of State."



### RETURN TO:

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