

Form LP 201  
(Rev. Jan. 1995)

96463348

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # 0009071

Assigned by  
Secretary of State

DEPT 01 RECORDING \$23.50  
157777 TRAN 4420 06/18/96 09:19:00  
#0637 + RH \*--96--463348  
COOK COUNTY RECORDER

0009071 SSSTL 06/12/96  
75.00 ID 0000023194 FILED

Proprietary of Cook County Clerk's Office

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: Oakley Lofts 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) 814 N. Franklin, Suite 400, Chicago, Cook  
County, IL 60610
- 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: \_\_\_\_\_  
(month, day, year)
- The limited partnership's registered agent's name and registered office address is:  
Registered agent: Daniel Kohn  
First name Middle name Last name  
Registered Office: 55 E. Monroe Street 4100  
(P.O. Box alone and c/o are unacceptable) Number Street Suite #  
Chicago Cook Illinois 60603  
City County Zip Code
- The limited partnership's purpose(s) is: To acquire, mortgage, develop, improve, manage, sell, and lease real property and to do any and all other acts and things necessary or incidental thereto.

IRS Business Code Number is: 6511

- Dissolution date is:  Perpetual or December 31, 2046  
(month, day, year)

# UNOFFICIAL COPY

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

One Hundred and no/100 Dollars (\$100.00)

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

The termination and distribution rights are as set forth  
in Article 8 of the Agreement of Limited Partnership.

## 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 [Signature]

Type or print name and title James R. Magidson

President

Name of General Partner if a corporation or

other entity Urbanscape, Inc.

Signature [Signature]

Type or print name and title George Pappageorge

President

Name of General Partner if a corporation or

other entity P/H Properties, Inc.

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.)

### 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!**

### BUSINESS ADDRESS

Number/Street 645 N. Michigan Ave.  
Suite 1020

City/town Chicago

State Illinois Zip Code 60611

Number/Street 814 N. Franklin  
Suite 400

City/town Chicago

State Illinois Zip Code 60601

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

City/town \_\_\_\_\_

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

### RETURN TO:

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

Return to:

Holleb & Coffey

Attn:

55 E. Monroe

Chicago, IL 60603