(Rev. Jan. 1995)

Filing Fee \$75

96532698

SUBMIT IN DUPLICATE!

File#

5011278 SDSIL 07/03/96 75.00 EE 0000093571

C LP-3.4

\$011278

Assigned by Secretary of State . DEPT-01 RECORDING

T#5555 TRAN 7588 07/12/96 11:32:00

· COOK COUNTY RECORDER

All correspondence regarding this filling 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)

.R DEPT-G1 RECORDING

\$25,00

- T45555 TRAN 7588 07/12/96 11:32:00

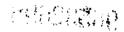
\$9741 \$ JJ *-96-532698

1.	imited partnership's name: Vera Blum Family 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 aione and c/o are unacceptable) One IBM Plaza, Suite 3000				
		(Chicago, Cook County, II 60611		
3.	Federal Employer Ident	ification Number	r (F.E.I.N.): 36-4091427		
4.		b)another	date later than but not more than 60 days subsequenting date: (month, day, year)		
5.	The limited partnership:		mit's name and registered office address is:	,	
	Registered agent:	Melvin First name	A. Middle name	Elific Go Last name	
	Registered Office: (P.O. Box alone and c/o are unacceptable)	One IBM I Number Chicago City	· · · · · · · · · · · · · · · · · · ·	Suite 3000 Suite # 60611 Zip Code	
6.	The limited partnership!				
	IRS Business Code Nur	mber is: 674	8	and the second s	
7.	Dissolution date is:	☐ Perpetual	or12/31/2050(month, day, year)	A 10	

Box 231

2500

(Rev. Jan. 1995)



5011278 SOSIL 07/03/96 75-00 EE 0000093571 FILEI 8. The total aggregate dollar amount of cash, property and services contributed by all partners is \$4,030,000

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

Bankruptcy or death or general partner. Equal distribution in proportion to percentage interests.

NAME(S) & SUSINESS 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 Signature AND NAME	Number/Street 0	ne IBM Plaza, Suite 3000
Type or print name and title	Cliy/townC	nicago
Melvin A. Blum, General Partner		
Name of General Partner if a corporation or	⁴ D _x	
other entity	State I	Zip Code 60611
Signature	Number/St.eet	
Type or print name and title	City/town	96532698
Name of General Partner if a corporation or		5
other entity		
Signature	Number/Street	
Type or print name and title	City/town	<u>Q</u>
Name of General Partner if a corporation or	The state of the s	
other entity	State	Zip Code
(Signatures must be in BLACK INK on an original docu	iment. Carbon copy, photocopy	or rubber stamp signatures may only

FORMS OF PAYMENT:

be used on conformed copies.)

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

Purpose

The business of the Partnership shall be to carry on the business of making, protecting, enhancing and otherwise dealing, directly or indirectly, with investments of any type, including securities of all types, acquiring, owning, operating and selling real estate (including interests in partnerships having such interests in real estate), or any other interests whatsoever in property, whether real or personal and wheresoever located, and to engage in any one or more enterprises, ventures, undertakings and businesses permitted under the Act. The Partnership shall have the al, with Or Cook County Clark's Office power to do all acts and things necessary or useful in connection with the foregoing.

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Property of Coot County Clert's Office