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SGSIL 07/22/96 10 0000023450 FILEI

SUBMIT IN DUPLICATE!

File #

0009127

Assigned by Secretary of State

DEPT-01 RECORDING

96570968

\$23.00

All correspondence regarding this liling will be sent to the registered agent of the limites partnership unless a celf addressed envelope with pre-paid postage is included.

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

CAO 8630 11	iggins Road, Suite 400, H	offman Estates, Nivois 60195, Co	ok County
Federal Employer ider	ntification Number (F.E.I.N.)	Applied for	
his certificate of limite	ed partnership is effective or	n: (Check one)	
	r b)another date later	than but not more than 60 days subset	ouent 98570968
	to the filing date: _	(month, day, year)	3.
he limited partnership		and registered office address is:	U _{xx}
legistered agent:	George First name	A. Middle name	lt)ser
		MIGGIO RETRO	List name
Registered Office:	2500 Hest Higgins Road Number	Street	Suite 400 Suite #
P.O. Box alone and /o are unacceptable) ,		Cook	
O ale unesceptione),	City	. County	Zip Code
he limited partnership	's purpose(s) is: to inves	t directly or indirectly in real pr	operty
	, , , , , , , , , , , , , , , , , , , ,		
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(Rev. Jan. 1995)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is \$13,656,113

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

The Partners have no voluntary termination rights. Upon termination of the Partnership, the proceeds of liquidation shall be distributed to and among the Partners in accordance with the terms of the Partnership Agreement, which is kept at the principal office of the 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 Signature AND NAME	BUSINESS ADDRESS Number/Street 2500 West Higgins Road, Suite 400		
Type or post name and title George A. Moser, President	Cityfown <u>Hoffman Estates</u>		
Name of General Partner if a corporation or	- 70x		
other entity Morthwest Investors, Inc.	State III mis	Zip Code 60195	
Signature	Number/Street		
Type or print name and title	七 /		
Vame of General Partner if a corporation or	• • •	· · · · ·	
her entity	State	<u> </u>	
の 対象nature			
ිදු Cape or print name and title	City/town	<u> </u>	
Vame of General Partner if a corporation or	,	,	
ther entity	State	Zip Code	
Signatures must be in BLACK INK on an original docum	ent. Carbon copy, photocopy or n	ubber stamp signatures may only	

ORMS OF PAYMENT:

se used on conformed copies.)

Payment must be made by certified check, tashier's check, Illinois attorney's check, Illinois 2.P.A.'s check ormoney order, payable to "Secetary 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