

Filing Fee \$15

96573959

SUBMIT IN DUPLICATE!

File # C 001935

Assigned by
Secretary of State

FILING DEADLINE IS
PRIOR TO

6-1-96

month, day, year

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with prepaid postage is included.

DEPT-01 RECORDING \$23.50
T#0008 TRAN 1929 07/26/96 15:49:00
#6311 IR #-96-573959
COOK COUNTY RECORDER

DEPT-01 RECORDING \$23.50

T#0008 TRAN 1926 07/26/96 15:36:00
GEORGE H. RYAN
SECRETARY OF STATE #-96-573959
STATE OF ILLINOIS COUNTY RECORDER

BIENNIAL RENEWAL REPORT
(Illinois or foreign limited partnership)

C001935 SOSIL 07/01/96
15.00 MM 0000093474 FILED

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

- Limited partnership's name: E.S. O'Hare Associates
- Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are unacceptable): Suite 1500, 919 North Michigan Avenue, Chicago, IL 60611
- File number assigned by the secretary of State: C001935 96573959
- Federal Employer Identification Number (F.E.I.N.): 36-3418130
- Assumed name, if any: _____
- Admitting name, if any (foreign only): _____
- Registered agent:
First name Robert Middle name William Last name Berliner, Jr.
Registered Office: (P.O. Box alone and c/o are unacceptable)
Number 919 Street North Michigan Avenue Suite# 1500
City Chicago County Cook State Illinois Zip Code 60611
- State of jurisdiction: Illinois, if foreign, that this limited partnership is validly existing as a limited partnership under the laws of _____ as of this date and that it still exists in Illinois.

2350

UNOFFICIAL COPY

Form LP 1108
(Rev. Jan. 1995)

I affirm that any entity serving as a general partner for this limited partnership is in good standing in its home state.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Renewal report must be signed by a general partner.

Signature _____

Type or print name and title Edward W. Ross, General Partner

Name of General Partner if a corporation or other entity _____

(Signature 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

96572959

After recording, return to: Robert W. Berliner, Jr.
Suite 1500
919 North Michigan Avenue
Chicago, IL 60611

