

UNOFFICIAL COPY

Form LP 201
(Rev. Jan. 1995)

96629539

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # 0009152

Assigned by
Secretary of State

0009152 SOSIL 07/31/96
75.00 ID 0000023546 FILED

DEPT-01 RECORDING \$23.00
TIMING THAN 4175 06/18/96 08:10:00
#0582 : 170 # - 96 - 629539
COOK COUNTY RECORDER

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

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.

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

- Limited partnership's name: The Huron Orleans 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) 333 West Wacker Drive, Suite 2700, Chicago, Illinois 60606, Cook County
- 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	Howard	A.	Nagelbers
	First name	Middle name	Last name
Registered Office:	333 West Wacker Drive		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 provide capital in a property that will develop property.

IRS Business Code Number is: 8999

7. Dissolution date: Perpetual or December 31, 2031
(month, day, year)

CLP-34
NOTES FILED
FOR REMOVAL FROM FILE
MAY 21 2003
MAY 21 2003

23 00

8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$1,000

9. A brief statement of the partners' membership termination and distribution rights:
A statement of the partners' membership termination and distribution
rights are described as shown in the Limited Partnership Agreement of
The Huron Orleans 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 B.J. Spathies, President
BEJCO Properties, Inc.

BUSINESS ADDRESS

Number/Street 980 North Michigan Avenue, Suite 1650
City/Town Chicago

Name of General Partner if a corporation or
other entity _____

State Illinois Zip Code 60611

Signature [Signature]
Type or print name and title Howard Edison, Vice-
Oswego Home Investors, Inc. President

Number/Street 201 East Ogden - Suite 26
City/Town Hinsdale

Name of General Partner if a corporation or
other entity _____

State Illinois Zip Code 60521

Signature _____
Type or print name and title _____

Number/Street _____
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 C.P.A.'s check or money order, payable to "Secretary of State."

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: DANIEL COOPER
BRACK, ERICKSON, KROENIG, & PERLBERG
ATTORNEYS AT LAW
200 WEST MADISON STREET
CHICAGO, ILLINOIS 60601

DO NOT SEND CASH!