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Form LP 201
(Rev. Jan. 1995)

Filing Fee \$75

96689153

SUBMIT IN DUPLICATE!

File # SC11474

Assigned by
Secretary of State

DEPT-01 RECORDING \$25.50
T:2222 TRAN 5203 09/09/96 16:42:00
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COOK COUNTY RECORDER

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: Kirchoff Meadows Apartments, L.P.
- 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) 1065 Hawthorne Drive, Itasca, Illinois 60143
DuPage 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: Thomas F. Drett II
First name Middle name Last name
Registered Office: 161 North Clark 3100
(P.O. Box alone and c/o are unacceptable) Number Street Suite #
Chicago Cook Illinois 60601
City County State Zip Code
- The limited partnership's purpose(s) is: To invest, reinvest, acquire, hold, maintain, operate, improve, develop, sell, exchange, lease and otherwise use the Real Estate commonly known as Kirchoff Meadows Apartments, in Rolling Meadows, Illinois.
- IRS Business Code Number is: 6511
- Dissolution date is: Perpetual or 12/31/2050
(month, day, year)

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COUNTY CLERK'S OFFICE
JAN 11 1995
SPRINGFIELD, ILLINOIS

8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$1,200,000.00

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

See Attached Exhibit A

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

BUSINESS ADDRESS

Signature Thomas F. Brett II Number/Street 1065 Hawthorne Drive
Thomas F. Brett II, Asst. Secretary of Comprehensive
Type or print name and title Management Services, Inc. City/town Itasca
Manager of Community Links General Partners, L.P.,
General Partner of CL Partners, L.P.

Name of General Partner if a corporation or
other entity CL Partners, L.P. State Illinois Zip Code 60143

Signature _____ Number/Street _____
Type or print name and title _____ City/town _____

Name of General Partner if a corporation or
other entity _____ State _____ Zip Code _____

Signature _____ Number/Street _____
Type or print name and title _____ 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."

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

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EXHIBIT A

KIRCHOFF MEADOWS APARTMENTS, L.P.

Partners' membership termination and distribution rights are as follows:

A Limited Partner may not assign, pledge, mortgage, hypothecate, sell or otherwise dispose of or encumber all or any part of its interest in the Partnership without the consent of the General Partner.

Distributions are to be made to the Partners pursuant to their respective Percentage Interests in the Partnership. Upon dissolution of the Partnership, all Partners will be distributed amounts equal to their respective Percentage Interests in the Partnership after all expenses and liabilities have been paid.

The foregoing is merely a summary of certain provisions of the Partnership Agreement and is not meant to be complete or inclusive of all such provisions. Notwithstanding any provision contained herein, terms and provisions of the Partnership Agreement shall prevail.

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PLEASE RETURN TO:

MR. PAUL J. DONLEY

PEDERSEN + HOUST

161 NORTH CLARK

State 3100

Chicago IL 60601

ES169395