15.00 MM 0000092903 FILED

2.

3.

4,

õ,

6,

Form LP 1 08 NOFFICIAL COPY (Rev. Jan. 1995)

Filing Fee \$15

SUBMIT IN DUPLICATE!

96786510

File #

C004983

Assigned by Secretary of State

FILING DEADLINE IS PRIOR TO

December 1, 1995 month, day, year

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

DEEL-UT RECORDERRY

\$23,50

140003 TRAN 7803 10/15/76 13/49/00 #8954 (PCD - M- PG- 7865/10

COOK COUNTY RECORDER

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT (Illinois or foreign limited partnership)

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:	Intergr	oup Mortga	ge Asso	iates Limite	d Partne	rship
Address of office where record unacceptable:) 930 Bus						
	. 			0		
File number assigned by the	Secretary of 9	State:	83			<u> </u>
Federal Employer Identification						
Assumed name, if any:						
Admitting name, if any (foreig					6	
						C W
Registered agent: First name <u>Leon</u> Registered Office: (P.O. Box	alone and c/c	_ Middle name _ o are unaccepta!	Joe <u>l</u> de)	Last name	Teichn	
Number 180 North						
City Chicago	County	COOK	State _	Illinois	_ Zip Code _	60601
State of jurisdiction:				, 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 exist in lillinois.						at it still exists

Form LP 1108 UNOFFICIAL COPY

(Rev. Jan. 1995)

UU0+983 15.00

5051L 06/17/96 MH 0000092903

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.

neral partner. Renewal report must be signed by a ga

Signature 🗴

Type or print name and title <u>DAVID GIMBEL</u>, Sec. Gen. Partner

Name of General Partner if a corporation or other entity <u>INTERGROUP FINANCIAL CORPORATION</u>

(Signature Intest he 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 certifed 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! County Clark's Office

RETURN TO:

Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, Illinois 62756 Telephone: (217) 785-8960