

UNOFFICIAL COPY

Form LP 110B
(Rev. Jan. 1985)

Filing Fee \$15

96792240

SUBMIT IN DUPLICATE!

File # 0003709

Assigned by
Secretary of State

DEPT-01 RECORDING 923.00
107777 TRAN 1172 10/17/96 12105100
01125 RH *-96-792240
COOK COUNTY RECORDER

FILING DEADLINE IS
PRIOR TO

12 01 92
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.

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: MBCA 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): 1122 North LaSalle Drive, Chicago, IL 60610
- File number assigned by the Secretary of State: 0003709
- Federal Employer Identification Number (F.E.I.N.): 36-3277394
- Assumed name, if any: _____
- Admitting name, if any (foreign only): _____
- Registered agent: Prentice-Hall Corporation System, Inc.
First name _____ Middle name _____ Last name _____
Registered Office: (P.O. Box alone and c/o are unacceptable)
Number 33 Street North LaSalle Street Suite# _____
City Chicago County Cook State Illinois Zip Code 60602
- State of jurisdiction: Illinois, if foreign, that this limited partnership is validly existing as a limited partnership under the laws of Illinois as of this date and that it still exists in Illinois.

BOX 416

Tim Ramsey

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Form LP 1103
(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 *Deno T. Varlas*

Type or print name and title Deno T. Varlas, Vice President

Name of General Partner if a corporation or other entity Capital Associates Development Corp.

(Signature must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signature may only be used on confirmed copies.)

Handwritten initials/signature

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) 785-8980

COVER SHEET
FILED
15.00 PER 0000090884 FILED

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