

Filing Fee \$15

SUBMIT IN DUPLICATE!

File # C003709

Assigned by  
Secretary of State

FILING DEADLINE IS  
PRIOR TO

12 01 94

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)

DEPT-01 RECORDING \$23.00  
T07777 TRAN 11/2 16/17/96 12106100  
1126 RH \*-96-792241  
COOK COUNTY RECORDER

C003709 SOSIL 04/30/96  
15.00 MN 0000090885 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: 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: C003709
- Federal Employer Identification Number (F.E.I.N.): 36-3277394
- Assumed name, if any: \_\_\_\_\_
- Admitting name, if any (foreign only): \_\_\_\_\_
- Registered agent: Prontica-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

# UNOFFICIAL COPY

Form LP 1101  
(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. Vorlas*

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

Name of General Partner if a corporation or other entity \_\_\_\_\_

Capital Associates Development Corp.

(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 62766  
Telephone: (217) 785-8980

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