

UNOFFICIAL COPY

Form LP 1108
(Rev. Jan. 1995)

Filing Fee \$15

SUBMIT IN DUPLICATE!

96939686

File #

Assigned by
Secretary of State

FILING DEADLINE IS
PRIOR TO

01-01 1996
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.

DEPT-01 RECORDING \$23.00
T#6666 TRAN 4833 12/12/96 14:36:00
#6859 IR *-96-939686
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: 309 West Washington 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): 2 N. Riverside Plaza, Chicago, IL 60606, Cook County
- File number assigned by the Secretary of State: 009338
- Federal Employer Identification Number (F.E.I.N.): 36-3478928
- Assumed name, if any: _____
- Admitting name, if any (foreign only): _____
- Registered agent:
First name Donald Middle name J. Last name Liebentritt
Registered Office: (P.O. Box alone and c/o are unacceptable)
Number 2 Street N. Riverside Plaza Suite# 1515
City Chicago County Cook State Illinois Zip Code 60606
- State of jurisdiction: Illinois, 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 exists in Illinois.

181915/015 (544)

23 BMA
BOX 300

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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 _____

Ann M. Schneider, Secretary of Zeli General Partnership, Inc., a
general partner of Samuel Zell Robert Lurie General Partners

Type or print name and title _____

Name of General Partner if a corporation or other entity Samuel Zell Robert Lurie General Partners

(Signature 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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