NOFFICIAL COPY 96978756 (Rev. Jan. 1995) Filing Fee \$15 \$30,3110 SUBMIT IN DUPLICATE! \$0611 12/04/96 FILE File# Assigned by Secretary of State DEFT-01 RECORDING \$23.50 T\$0003 TRAN 1095 12/30/96 13:04:00 FILING DEADLINE IS \$1042 \$ LH #-93-978756 PRIOR TO 96978756 COOK COUNTY RECORDER 5/1/95 chonth, day, year GEORGE H. RYAN All correspondence SECRETARY OF STATE regarding this filing will STATE OF ILLINOIS be sent to the ragistered agent of the limited **BIENNIAL RENEWAL REPORT** partnership unless a self-(Illinois or foreign limited partnership) addressed envelope yith prepaid postage is included. 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. 1. Limited partnership's name: Cambridge Associates Limited Partnership

2.	Address of office where records required by Section 104 (Illinois) or Section 302 (foreign) are kept (P.O. Box alone & c/o as unacceptable:) 200 West 22nd Street
	Lombard, IL 60148
3.	File number assigned by the Secretary of State: S 003110
4.	Federal Employer Identification Number (F.E.I.N.): 36-3688478
5.	Assumed name, if any:
6.	Admitting name, if any (foreign only):
7,	Registered agent: First name Daniel Middle name R. Last name Ansani Registered Office: (P.O. Box alone and c/o are unaccepi hle)
	Number 1411 Street West Peterson Suite# 202 U
	City Park Ridge County Cook State IL Zip Code 60068
8.	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 exists in Illinois.

	Form LF 110 OFFICIAL COPY (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 needs are true.
	Renewal report must be signed by a general partney
·	Signature
	Type or print name and title
	Name of General Partner if a corporation or other entity Somerset Park Inc.
	(Signature must be in <u>BLACK INK</u> 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	
	nois 62756 17) 785-8960

RETURN TO: