## UNDFFICIAL COPY<sub>96978758</sub> (Rev. Jan. 1995)

Filing Fee \$15

SUBMIT IN DUPLICATE!

File #

(H (C) (1) (D) (H (C)

BIL 13/04/98

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Assigned by Secretary of State

FILING DEADLINE IS PRIOR TO

DEFT-01 RECORDING

\$23.50

T#0003 TRAM 1095 12/30/96 13:05:00

\$1044 \$ LM \*-96-978758

COOK COUNTY RECORDER

5/1/93 month, day, year

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

\$6575753

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 F.E IS REQUIRED.

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1.	Limited partnership's name: Cambridge Associates Timited Partnership
2.	Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are 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 Co Registered Office: (R.O. Box alone and c/o are unacceptable)
	Number 1411 Street West Peterson Suite# 202
	City Park Ridge County Cook State II. Zip Code 60068
8.	State of jurisdiction:
	existing as a limited partnership under the laws of as of this date and that it still exists in Illinois.

## INOFFICIAL 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 herein are true. Renewal report must be signed by a general partner. Signature\_ PRES. Jack Nortman Type or print name and title Name of General Partner if a corporation or other entity Somerset Park Inc. (Signature must be in BLACK INK on an original document. Carbon copy, plimocopy or rubber stamp signatures may only be used on conformed copies.) FORMS OF PAYMENT:

check or money order, payable to "Secretary of State." DO NOT SEND CASHI

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s

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

