LP 205 ·(Cav_:Jan. 1991)

Filling Fee \$25

UNOFFGEORGE ARYAN C Secretary of State State of Illinois

SUBMIT IN DUPLICATE! .

All correspondence regarding this filing will be sent to the registered agont of the limited garmership unless a self-addressed envei lope with pre-eald postage is included,

CERTIFICATE OF CANCELLATION OF THE CERTIFICATE OF LIMITED PARTNERSHIP (lilinois limited partnership)

96000017

OFFICE USE ONLY

03652 SOSIL 11/29/95 25.00 HH 0000084612 FILED

	,		<u></u>	
1.	Limited partnership's name: MS/JMB VENT	JRE II	<u>.</u>	
	<i>\infty</i> .			
	- Co.	<u> </u>		•
2.	File number assigner, by the Secretary of State:	C 00365	<u> </u>	 •
Э.	Federal Employer Identification Number (F.E.I.N.)	: 3631329	16	
4.	The reason for filing this certificate of cancellation	: Dissoluti	on of the partnership pursuant to	the
	provisions of Article XI of the Alend	led and Res	tated Agreement of Limited Partner	ship
	dated November 1, 1985, as amended.)_ <u></u>		
5.	This certificate of cancellation is effective on: (Che a) X the file date, or b) another date later than but not more than		DEPT-01 RECORDING T+0014 TRAN 0715 01/02/96 +1350 + JW *-アムーE equent to the (iling control county recorder (month, day, year)	
3 .	The post office address, including county, to whice fimited partnership that may be served on him or him.		ry o. State may mail a copy of any process aga	inst the
	C/O Metropolitan St	ructures	C Sk	
		Drive, Su	ite 1200	·
	Cook County, Ch	icago, Ill	'.0	·····
	The undersigned affirms, under penalties of perjury	y, that the fact	s staled herein are true.	•
	The original certificate of cancellation must be sign	ed by all gen		
	SIGNA	TURE AND N	METROPOLITAN STRUCTURES, an I general partnership AME By: Metco Properties, an Ill limited partnership	
. (SEE SIGNATURE PAGE ATTACHED HERETO	3	By: Dingamin a Sink)
	(Signature)		(Separure)	
•	(Type or print name and utle)	- -		rtner
-	(Name of General Partner if a corporation or other entity)	 4	(Name of General Partner if a corporation or other enti-	ity)
-	(Signature)		(Signature)	
-	(Type or print name and title)	- -	(Type or print name and title)	1
-	(Name of General Partner if a corporation or other entity)		(Name of General Partner if a corporation or other enti	m, 40
P-4.3		(over)	· · · · · · · · · · · · · · · · · · ·	47/

(Type or print name and title)	(Type or print name and title).	
(Name of General Partner II a corporation or other entity)	(Name of General Partner if a corporation or other entit	
(Signatures must be in ink on an original document. Carl on conformed copies.)	bon copy, photocopy or rubber stamp signatures may only be	
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."	RETURN TO: Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, Illinois 62756	
DO NOT SEND CASH!	Telephone: (217) 785-8960	
O _x C _O ₄	•	
	County	
	Cort's Original	

C. E. DOOOOOO

used

UNOFFICIAL COPY

SIGNATURE PAGE ATTACHED TO AND MADE A PART OF CERTIFICATE OF CANCELLATION OF THE CERTIFICATE OF LIMITED PARTNERSHIP OF MS/JMB VENTURE II, AN ILLINOIS LIMITED PARTNERSHIP

GENERAL, PARTNERS:

JMB/WACK) P CORPORATION, an

Illinois corporation

Its

METROPOLITAN STRUCTURES, an

Illinois general partnership

By:

Metco Properties, an Illinois

limited partnership

By: Danzamin JA

A General Partner

C003632 SDSIL 11/2995 25.00 HH 00000B461907LED

t County Clory's Office

1:\LGS\LGSDATA\PAM\10&30\MSJMB2\JMB2SIG.DOC9/27/95

UNOFFICIAL COPY

Property of Coot County Clark's Office

C. TOOODOGS