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Filing Fee \$25

SUBMIT IN DUPLICATE!

**96249746**

DEPT-01 RECORDING \$23.50  
T#0010 TRAN 4542 04/02/96 10:08:00  
48067 \* CJ \*-96-249746  
COOK COUNTY RECORDER

6001+72 505IL 03/07/96  
125.00 RH 0000085770 FILED

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

**CERTIFICATE OF CANCELLATION  
OF THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)**

12.0

- Limited partnership's name: Diversified Equity Holdings
- File number assigned by the Secretary of State: CO01472
- Federal Employer Identification Number (F.E.I.N.): 36-2800196
- The reason for filing this certificate of cancellation: partnership is no longer transacting business
- This certificate of cancellation is effective on: (Check one)  
 (a)  the filing date, or (b)  another date later than but not more than 90 days subsequent to the filing date  
 \_\_\_\_\_  
 (month, day, year)
- The post office address, including county, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is: 2 N. Riverside Plaza, Chicago, IL 60606,  
Cook County

Return to:  
Ann M. Schneider  
2 N. Riverside Plaza, #1600  
Chicago, IL 60606

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Form LP 203  
(Rev. Jan. 1995)

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125.00 NH 0000088770 FILED

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of cancellation must be signed by all general partners.

SIGNATURE AND NAME

Signature \_\_\_\_\_

Type or print name and title Samuel Zell, sole surviving general partner of the partnership

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

Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

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

Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

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

Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

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

Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

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

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may 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