

UNOFFICIAL COPY

Form LP 108
(Rev. Jan. 1995)

Filing Fee \$15

SUBMIT IN DUPLICATE!

File # S002769

Assigned by
Secretary of State

FILING DEADLINE IS
PRIOR TO

February 1, 1991
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.

97491469

DEPT-01 RECORDING

\$23.50

T7777 TRAN 6096 07/08/97 16:08:00

6672 B J *-97-491469

COOK COUNTY RECORDER

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT
(Illinois or foreign limited partnership)

97491469

5002769 SOSIL 07/08/97
15.00 BR 0000026095 FILED

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: 1714 North Damen Avenue Limited Partnership
- Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are unacceptable): 2020 W. Concord, Chicago, Illinois 60647
- File number assigned by the Secretary of State: S002769
- Federal Employer Identification Number (F.E.I.N.): 36-3668050
- Assumed name, if any: None
- Admitting name, if any (foreign only): _____
- Registered agent:
First name Kimberly Middle name K. Last name Enders
Registered Office: (P.O. Box alone and c/o are unacceptable)
Number 100 W. Monroe St. Street _____ Suite# 1500
City Chicago, County Cook State Illinois Zip Code 60603
- State of jurisdiction: Illinois, if foreign, that this limited partnership is validly existing as a limited partnership under the laws of Illinois as of this date and that it still exists in Illinois.

Handwritten initials/signature

UNOFFICIAL COPY

Form LP 1108
(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

John A. Krenger

Type or print name and title John A. Krenger, President

Name of General Partner if a corporation or other entity John A. Krenger Development, Inc.

(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

97491469