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Form LP 11080
(Rev. Jan. 1995)

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PRIOR TO 05/01/97

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Duplicate

97502293

FORMS OF PAYMENTS

Payments 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!

SECRETARY OF STATE - STATE OF ILLINOIS
LIMITED PARTNERSHIP BIENNIAL RENEWAL REPORT

DO NOT WRITE IN THESE SPACES

44101366
REC'D
4/11/97
07502293 H
0047 MCH
1011
07/14/97

Registered Agent name and Registered Agent's office address.



LEONARD H ROSE
6240 OAKTON STREET
MORTON GROVE, IL 60053

COOK COUNTY
RECORDER
JESSE WHITE
SKOKIE OFFICE

Limited Partnership Name: NORTH GROVE CORPORATE PARK PHASE I LIMITED PARTNERSHI
P

Secretary of State's Assigned File Number: S009821
Federal Employer Identification Number: 383414522
State of Jurisdiction: ILLINOIS

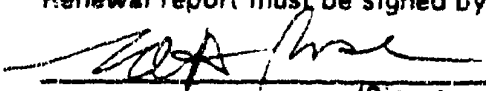
I affirm this limited partnership still exists in Illinois.

Address of office where records required by Section 104 (Illinois) or Section 902 (Foreign) are kept:

6240 OAKTON STREET
MORTON GROVE, IL 60053
COOK

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

Renewal report must be signed by a general partner.



(Signature)
LEONARD H. ROSE - PARTNER

(Type or Print Name and Title)

RETURN TO:
Secretary of State
Department of Business Services
Limited Partnership Division
Room 357 Howlett Building
Springfield, Illinois 62758
Telephone: (217) 785-8980

(Name of General Partner if a corporation or other entity)
(Signature must be in black ink on an original document. Carbon copy, photo copy or rubber stamp
signature may only be used on conformed copies).

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INDEXED
JAN 10 1978