0003309 S05IL 03:14:97

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Filing Fee \$15

SUBMIT IN DUPLICATE!

File # C003309

97623065

Assigned by Secretary of State

FILING DEADLINE IS PRIOR TO

. DEPT-01 RECORDING \$23.50 . T40004 TRAN 5169 08/27/97 10:43:00 . 40684 + SA \*-97-629065

COOK COUNTY RECORDER

MARCH 1, 1997 month, day, year

All consepondence regarding this filling will be sent to the registered agent of the limited partnership unless a self-addressed envelope with prepaid postage is included.

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 FEE IS REQUIRED.

1,	Limited partnership's name: THE KRUPP COMPANY LIMITED PARTNERSHIP II
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: ) 470 ATLANTIC AVENUE BOSTON, MA 02210
3.	File number assigned by the Secretary of State: C003309
4.	Federal Employer Identification Number (F.E.I.N.): 042772784
5.	Assumed name, if any:
6.	Admitting name, if any (foreign only):
7.	First name Kast name Last name
	Registered Office: (P.O. Box alone and c/o are unacceptable)
	Number 33 Street NORTH LASALLE STREET Suite#
	City CHICAGO County COOK State IL Zip Code 60602
8.	State of jurisdiction:MASSACHUSETTS, if foreign, that this limited partnership is validly
	existing as a limited partnership under the laws of <u>MASSACHUSETTS</u> as of this date and that it still exists in Illinols.

## 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

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

Renewal report must be signed by a general partner.

2/20/97 Signature

Claire F. Umanzio Type or print name and title \_\_\_\_\_ Asst. Tress.

Mame of General Partner if a corporation or other entity

THE KRUPP CORPORATION THE KEUPP COMPANY CHAITED PARTICIPATION OF

(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 ce tified check, cashier's check, Illinois altorney's check, Illinois C.P.A.'s check or money order, payable to 'Sacretary of State." DO NOT SEND CASHI

## **RETURN TO:**

Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, Illinois 62756 Telephone: (217) 785-8960

Clart's Office HARBOR PLAZA 470 AHANTIC AVENUE Buston MASSARhus Etts 02210

