

Filing Fee \$25

SUBMIT IN DUPLICATE!

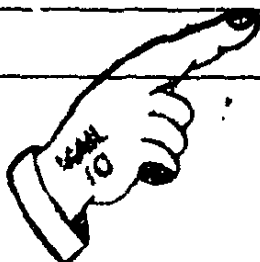
COOK COUNTY RECORDER  
20100 95601100010958 61118

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)

- Limited partnership's name: Altamira Apartments Partnership
- File number assigned by the Secretary of State: S000113
- Federal Employer Identification Number (F.E.I.N.): 363389543
- The reason for filing this certificate of cancellation: Termination of Partnership
- This certificate of cancellation is effective on: (Check one)  
(a)  the filing date, or (b) \_\_\_\_\_ another date later than but not more than 60 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: c/o Richard B. Weil, Esq., 20 S. Clark Street  
Suite 2305, Cook County, Chicago, Illinois, 60603.



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25.00 HH 0000110968 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 *A. Thomas Frank*  
A. Thomas Frank

Type or print name and title A. Thomas Frank,

Individual General Partner

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

Signature *A. Thomas Frank*

Type or print name and title A. Thomas Frank  
President of Park Ridge Equities, Inc.

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 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