

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S013026

Assigned by
Secretary of State

S013026 S051L 09/08/97
75.00 EE 0000110651 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 LIMITED PARTNERSHIP
(Illinois limited partnership)

1. Limited partnership's name: The Carabetta Family Partnership 1, L.P.

2. The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 2365 Hammond Drive, Scherzemburg, Cook County, Illinois 60173

3. Federal Employer Identification Number (F.E.I.N.): 59-3229866

4. This certificate of limited partnership 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)

5. The limited partnership's registered agent's name and registered office address is:

Registered agent:	<u>Michael</u>	<u>H.</u>	<u>Lurie</u>
	First name	Middle name	Last name
Registered Office:	<u>30 North LaSalle Street</u>		
(P.O. Box alone and c/o are unacceptable)	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60602</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: rental real estate

IRS Business Code Number is: 6511

7. Dissolution date is: Perpetual or December 31, 2030
(month, day, year)

Form LP 201
(Rev. Jan. 1995)

5013026 SUSIL 09/08/97
75.00 EE 0000110651 FILED

8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$432,766.00

9. A brief statement of the partners' membership termination and distribution rights:

Upon termination of the Partnership, the Partnership is to be wound
up and each Partner shall then be paid their pro rata share.

NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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

All general partners are required to sign the certificate of limited partnership.

SIGNATURE AND NAME
Signature *Arsenio Carabetta*
Type or print name and title ARSENIO CARABETTA,
General Partner

BUSINESS ADDRESS
Number/Street 2365 Hammond Drive
City/town Schaumburg

Name of General Partner if a corporation or
other entity _____

State Illinois Zip Code 60173

Signature *Nicolina Carabetta*
Type or print name and title NICOLINA CARABETTA,
General Partner

Number/Street 2365 Hammond Drive
City/town Schaumburg

Name of General Partner if a corporation or
other entity _____

State Illinois Zip Code 60173

Signature _____

Number/Street _____

Type or print name and title _____

City/town _____

Name of General Partner if a corporation or
other entity _____

State _____ Zip Code _____

(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."

RETURN TO:

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

DO NOT SEND CASH!