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Filing Fee \$75

SUBMIT IN DUPLICATE!

File #

Assigned by Secretary of State

All comes)andence regarding are: filing will be sent to the registered agent of the limited partnership unless # selfaddressed envelope will pre-paid postage is included.

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP (illinois limited partnership)

1	Federal Emolover Iden	tification Number (F.E.I.N.):	Applied For	Cock Co.			
	This certificate of limited partnership is effective on: (Check one) a) X the filing date, or b)another date later than but not more than 60 days a because to the filing date:						
	(month, day, year) The limited partnership's registered agent's name and registered diffice address is:						
	Registered agent:	Thomas Thorne-Thomsen					
		First name 7200 Sears	Middle name	Last name			
	Registered Officet (P.O. Box alone and	Number Chicago	Street Cook	Suite # 60606			
	c/o are unacceptable).	City To acq	County uire, improve, develope,	Zip Code lease, operate,			
	The limited pertnership			finance and manage real property.			

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SOSIL 10/02/97 EE 0000111723 8. The total aggregate dollar amount of cash, property and services contributed by all partners is \$100 9. A prief statement of the partners' membership termination and distribution rights: FILED See Exhibit "A" NAME(\$) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(8) 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. PHAN DHA ARYTANDIA **BUSINESS ADDRESS** Number Street 666 Dundee Road, Suite 1104 Signature Type of print name and title _ David Brint, Cityhown Northbrook Manager Name of General Partner if a corporation or The Richman Group of Connecticut, L.L.C. Zip Code 60062 State Illinois other entity Signature _ Citytown Schambull Type or print name and title ANTHON F. CAZARETTA Name of General Partner if a corporation or other entity MPAC, L.L.C. Zip Code <u>(40173</u> Number/Street. Signature _ City/town _ Type or print name and title Name of General Partner if a corporation or Zip Code State other entity (Signatures must be in BLACK IHK on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.) RETURN TO: FORMS OF PAYMENT: Payment must be made by certified check, Secretary of State

cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

DO NOT SEND CASHI

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

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EXHIBIT A

ATTACHMENT TO CERTIFICATE OF LIMITED PARTNERSHIP FOR HEATHER GLEN PARTNERS, L.P.

9. The Partnership terminates upon the first to occur of <u>December 31, 2035</u>, the sale of all or substantially all of the agreement to terminate, departure of the last general partner without substitution, or the happening of any event which makes it unlawful, impossible or impractical to carry on the business of the Partnership.

A limited partner may not transfer his interest or any portion of his interest in the Partnership without the written consent of all partners. A general partner may not withdraw from the Partnership, or transfer all or any portion of its interest in the Partnership as general partner without the written consent of all partners.

Upon the termination of the Partnership, all partners are entitled to receive distributions in accordance with their capital accounts.

to #408 Box

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