

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C009744

Assigned by
Secretary of State

C009744 SOSIL 10/14/97
75.00 ID 0000026724 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: 327 W. Chicago Limited Partnership

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) 444 N. Wells Street, Chicago, Cook County, Illinois 60610

3. Federal Employer Identification Number (F.E.I.N.): applied for

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>Howard</u>	<u>Rosset</u>	<u>Conant, Jr.</u>
	First name	Middle name	Last name
Registered Office:	<u>444 N. Wells Street</u>		
(P.O. Box alone and c/o are unacceptable)	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60610</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: to acquire, hold, own, mortgage, manage, operate, lease, sell, alter, improve, develop and otherwise exploit real property

IRS Business Code Number is: 6550

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

BOX 389
MST

8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$300,000.00

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

The partners' membership, termination and distribution rights are set forth in the Partnership Agreement which is available for inspection by partners of the partnership at the offices of the partnership during normal business hours.

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 Howard R. Conant, Jr.

BUSINESS ADDRESS
Number/Street 444 N. Wells Street

Type or print name and title Howard R. Conant, Jr.
President

City/town Chicago, Illinois 60610

Name of General Partner if a corporation or other entity Urban Innovations, Ltd.

State _____ Zip Code _____

Signature _____

Number/Street _____

Type or print name and title _____

City/town _____

Name of General Partner if a corporation or other entity _____

State _____ Zip Code _____

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!