

UNOFFICIAL COPY

Form LP 201
(Rev. Jan. 1991)

GEORGE H. RYAN
Secretary of State
State of Illinois

Assigned by Secretary of State

Filing Fee \$75

SUBMIT IN DUPLICATE!

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

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.

OFFICE USE ONLY

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1. Limited partnership's name: C and A Properties Limited Partnership

2. The address, including county, of the office at which the records required by Section 104 are to be kept is: (Post office box alone and c/o are unacceptable) 814 Sheridan Road, Evanston, Cook County, Illinois 60201

3. Federal Employer Identification Number (F.E.I.N.): 36-4123510

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>Joseph S. Rothman</u>
First name	Middle name Last name
Registered Office:	<u>55 West Monroe Street Suite 3330</u>
(P.O. Box alone and c/o are unacceptable)	Number Street Suite #
<u>Chicago</u>	<u>Cook Illinois 60603</u>
City	County State Zip Code

6. The limited partnership's purpose(s) is: Investing

IRS Industrial Code Number is: 6748

7. Dissolution date is: Perpetual or 12/31/2046
(month, day, year)


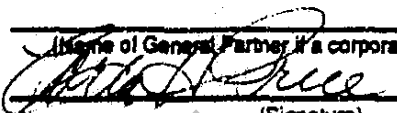
8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5)
\$1,839,027.93

9. A brief statement of the partners' membership termination and distribution rights:
No one partner may cause a termination of the partnership or withdraw his capital contribution. All partners have the right to partnership distributions on a pro rata basis.

10.

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	BUSINESS ADDRESS
<p>1. <u></u> (Signature) <u>Allan S. Price, General Partner</u> (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p>	<p>1. <u>814 Sheridan Road</u> Number Street <u>Evanston</u> City/town <u>Illinois</u> <u>60201</u> State Zip Code</p>
<p>2. <u></u> (Signature) <u>Carla H. Price, General Partner</u> (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p>	<p>2. <u>814 Sheridan Road</u> Number Street <u>Evanston</u> City/town <u>Illinois</u> <u>60201</u> State Zip Code</p>
<p>3. _____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p>	<p>3. _____ Number Street _____ City/town _____ State Zip Code</p>
<p>4. _____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p>	<p>4. _____ Number Street _____ City/town _____ State Zip Code</p>
<p>5. _____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p>	<p>5. _____ Number Street _____ City/town _____ State Zip Code</p>
<p>6. _____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p>	<p>6. _____ Number Street _____ City/town _____ State Zip Code</p>

(Signatures must be in 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!

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