

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # SC12597

Assigned by
Secretary of State

DEPT-01 RECORDING \$23.00
T40004 TRAN 8935 05/09/97 11:08:00
40293 # MH # -97-327652
COOK COUNTY RECORDER

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)

97327652

1. Limited partnership's name: JJLDC Investments II 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) 4400 South Packers Avenue, Chicago, Illinois 60609,
Cook County

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>Robert</u>	<u></u>	<u>Esden</u>	<u></u>
	First name	Middle name	Last name	
Registered Office:	<u>333 West Wacker Drive</u>			<u>1800</u>
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #	
	<u>Chicago</u>	<u>Cook</u>	<u>Illinois</u>	<u>60605</u>
	City	County	Zip Code	

6. The limited partnership's purpose(s) is: to invest, acquire, hold, maintain, improve,
sell, exchange, operate, lease, mortgage and otherwise use for profit, real estate
within and without the State of Illinois.

IRS Business Code Number is: 6511

7. Dissolution date is: Perpetual or April 30, 2046
(month, day, year)

Box 340

UNOFFICIAL COPY

Form LP 201
(Rev. Jan. 1895)

5012597 5031-23705797
79.00 EE 0000105774 FILED

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

\$300.00

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

A Limited Partner may not transfer his/her interest without the
consent of the General Partner unless otherwise provided in the
Limited Partnership Agreement. Distributions to be pro rata in
accordance with the percentage of partnership interests.

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

BUSINESS ADDRESS

Signature *Bruce Saltzberg*

Number/Street 4400 South Packers Avenue

Type or print name and title Bruce Saltzberg,
sole General Partner

City/Town Chicago, Illinois 60609

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 _____

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 62758
Telephone: (217) 785-8960

DO NOT SEND CASH!

97327652