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Form LP 203
(Rev. Jan. 1995)

300770016 51 001 Page 1 of 2
1998-06-10 10:52:45
Cook County Recorder 23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!

SP04479 S051L 03/30/98
25.00 HH 0000119528 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 CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

1. Limited partnership's name: JMB/Urban Valencia Limited Partnership
2. File number assigned by the Secretary of State: S004479
3. Federal Employer Identification Number (F.E.I.N.): 36-3709202
4. The reason for filing this certificate of cancellation: Partnership is no longer conducting any business.
5. This certificate of cancellation 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)
6. The post office address, including county, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is: 900 N. Michigan Ave. Suite 1900
Chicago, IL 60611

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*Corporate Representative Services Inc.
400 N. Michigan Ave, Ste 2000
Chicago, IL 60611*



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

The original certificate of cancellation must be signed by all general partners.

SIGNATURE AND NAME

Signature *Kimberly Schwartz*

Type or print name and title Kimberly Schwartz

Assistant Secretary

Name of General Partner if a corporation or

other entity JM Valencia, Inc.

Signature _____

Signature _____

Type or print name and title _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

Name of General Partner if a corporation or
other entity _____

Signature _____

Signature _____

Type or print name and title _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

Name of General Partner if a corporation or
other entity _____

(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."

DO NOT SEND CASH!

RETURN TO:

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

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