

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S014222

Assigned by
Secretary of State

After recording, please mail to:

John C. Eggert
Hardt & Stern, P.C.
311 South Wacker Drive - 4950
Chicago, IL 60606-6622

98642009

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)

- Limited partnership's name: The Susan B., L.P.
- 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) 3340 West Main Street, Skokie, Illinois 60077
- Federal Employer Identification Number (F.E.I.N.): 36-4235495
- 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)
- The limited partnership's registered agent's name and registered office address is:
Registered agent: James R. Hardt, ~~Hardt & Stern, P.C.~~
First name Middle name Last name
Registered Office: 311 South Wacker Drive, Suite 4950
(P.O. Box alone and c/o are unacceptable) Number Street Suite #
Chicago, IL 60606 Illinois
City County Zip Code
- The limited partnership's purpose(s) is: All lawful purposes under the Illinois Revised Uniform Limited Partnership Act.

IRS Business Code Number is: 5538

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

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Form LP 201
(Rev. Jan. 1995)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is Real property valued at \$180,000.00. No cash or services will be contributed.

9. A brief statement of the partners' membership termination and distribution rights:
Distributions are made pro-rata according to each partner's respective percentage of partnership interest. Partners may assign their partnership interests only after first offering such interest to the remaining partners.

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 [Signature]

Type or print name and title Joseph Levy, Jr.,
General Partner

Name of General Partner if a corporation or
other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

BUSINESS ADDRESS

Number/Street 3340 West Main Street

City/town Skokie, Illinois 60077

State _____ Zip Code _____

Number/Street _____

City/town _____

State _____ Zip Code _____

Number/Street _____

City/town _____

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."

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