

UNOFFICIAL COPY

Form LP 203
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

98667455

9023/0075 93 001 Page 1 of 2
1998-07-30 11:50:29
Cook County Recorder 23.50

5003814 8051L 06/04/98
25.00 HH 0000122722 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)

- Limited partnership's name: JMB/Urban Sawmill Plaza Limited Partnership
- File number assigned by the Secretary of State: 5003814
- Federal Employer Identification Number (F.E.I.N): 36-3674024
- The reason for filing this certificate of cancellation: The Partnership is no longer conducting any business.
- 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)
- 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. Ste. 1900
Chicago, IL 60611

C LP-4.4

(ILL. - LP 2028 - 12/27/94)

CT 5/98

Handwritten signature/initials in the bottom right corner.

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98667455 Page 2 of 2

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,
Asst. Secretary
Name of General Partner if a corporation or
other entity JMD Sawmill, Inc.

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 _____

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 _____

(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 62758
Telephone: (217) 785-8960