## (Rev. Jan. 1995) FFICIAL COP3668374

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1998-07-30 12:39:02

Cook County Recorder

23.00

Filing Fee \$25

SUBMIT IN DUPLICATE!

All corraspondence regarding this filing will be sent to the registered agent of the limited partnership unless a selfaddressed 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:Eleven_Twenty_Associates
2.	File number assigned by the Secretary of State:
3.	Federal Employer Identification Number (F.E.I.N.): 36-3092422
4,	The reason for filing this certificate of cancellation: Termination of partnership
5.	This certificate of cancellation is effective on: (Check one)
	(a) X 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: 1201 North Clark Street,
	Sulte 300
	Chicago, IL 60610 Court County

Ruturn to Box 416 (R. Cardes)

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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 🗶 pe or print name and title Deno T. Varlas, Vice President Carital Associates Development Corp. Name of Garieral Partner if a corporation or other entity SignatureX Signature \_\_\_ Type or print name and title\_\_\_\_\_\_ Type or print name and title Thomas R. Rosenberg General Partner Name of General Partner if a corporation or Name of General Partner if a corporation or other entity other entity Signature \_ Signature \_\_\_\_\_ Type or print name and title\_\_\_\_\_ Type or print name and title Name of General Partner if a corporation or Name of General Partner if a corporation or other entity \_\_\_\_\_ other entity \_\_\_\_

(Signatures must be in <u>BLACK INK</u> 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, cashler'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