

LP 203  
(Rev. Jan. 1991)

GEORGE H. RYAN  
Secretary of State  
State of Illinois

8862/0090 87 006 Page 1 of 2  
1998-08-03 14:42:13  
Cook County Recorder 23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!

CERTIFICATE OF CANCELLATION  
OF THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

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.

COOK COUNTY  
RECORDER  
JESSE WHITE

OFFICE USE ONLY

SUSIL 06/10/98  
HH 0000122494 FILED

S006472  
25.00

- Limited partnership's name: STATE HIGHWAY 31 LAND COMPANY
- File number assigned by the Secretary of State: S006472
- Federal Employer Identification Number (F.E.I.N.): 366487292
- The reason for filing this certificate of cancellation: dissolution and winding up of partnership business.
- This certificate of cancellation is effective on: (Check one)  
a)  the file 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: \_\_\_\_\_  
110 Maple Hill Rd.  
Glencoe (Cook County), IL 60022

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

- |   |   |
|---|---|
| 1. <u>Steven Goldman</u><br>(Signature)<br><u>Steven Goldman, President</u><br>(Type or print name and title) <i>Sole</i><br><u>Land Investors, Ltd., General Partner</u><br>(Name of General Partner if a corporation or other entity) | 3. _____<br>(Signature)<br>_____<br>(Type or print name and title)<br>_____<br>(Name of General Partner if a corporation or other entity) |
| 2. _____<br>(Signature)<br>_____<br>(Type or print name and title)<br>_____<br>(Name of General Partner if a corporation or other entity)   | 4. _____<br>(Signature)<br>_____<br>(Type or print name and title)<br>_____<br>(Name of General Partner if a corporation or other entity) |

5. _____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	6. _____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)
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(Signatures must be in 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 330, Centennial Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

Property of Cook County Clerk's Office



*Mail to:*

**STEVEN GOLDMAN  
110 MAPLE HILL ROAD  
GLENCOE, ILLINOIS 60022**