

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C010182

Assigned by  
Secretary of State



C010182 5051L 10/26/98  
75.00 ID 0000029221 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.

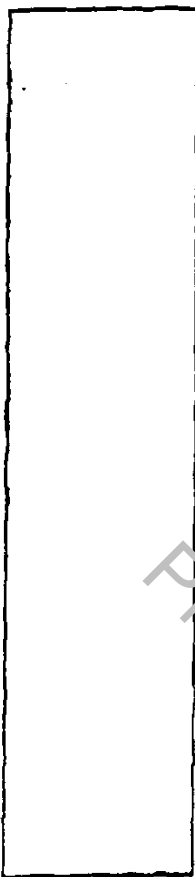
GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

- Limited partnership's name: Community Housing Partners VI 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) 36 S. Wabash, Suite 1310, Chicago, Illinois 60603  
Cook County
- Federal Employer Identification Number (F.E.I.N.): 36-4254888
- 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: Douglas J. Antonio  
First name Middle name Last name  
Registered Office: 180 North LaSalle Street, Suite 2225  
(P.O. Box alone and c/o are unacceptable) Number Street Suite #  
Chicago Cook Illinois 60601  
City County Zip Code
- The limited partnership's purpose(s) is: to acquire, invest, manage, redevelop, rehabilitate and lease certain residential rental property

IRS Business Code Number is: 6599

7. Dissolution date is:  Perpetual or February 1, 2048  
(month, day, year)



8. The total aggregate dollar amount of cash, property and services contributed by all partners is \$100.00

9. A brief statement of the partners' membership termination and distribution rights:  
No partner has the right to terminate his membership in the partnership and to receive a distribution.

**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 *Anthony J. Fusco, Jr.* **SIGNATURE AND NAME**

**BUSINESS ADDRESS**  
Number/Street 36 South Wabash, Suite 1310

Type or print name and title \_\_\_\_\_

City/town Chicago

Anthony J. Fusco, Jr., President

Name of General Partner if a corporation or other entity Chicago Community Development Corporation

State Illinois Zip Code 60603

Signature \_\_\_\_\_

Number/Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_

City/town \_\_\_\_\_

Name of General Partner if a corporation or other entity \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Number/Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_

City/town \_\_\_\_\_

Name of General Partner if a corporation or other entity \_\_\_\_\_

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."

**RETURN TO:**

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

**DO NOT SEND CASH!**