

Filing Fee \$25

5075/0081 21 001 1998-01-06 12:31:40

Cook County Recorder 23.00

SUBMIT IN DUPLICATE!

5006130 SOSIL 12/30/97
25.00 IC 0000027330 FLTR

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)

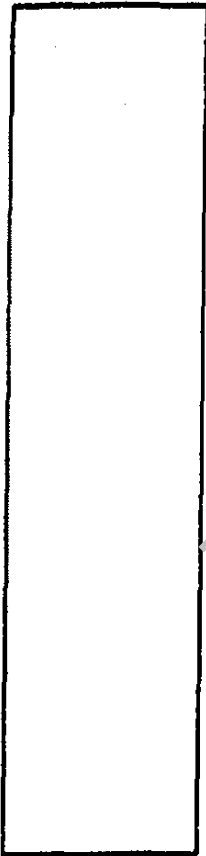
1. Limited partnership's name: K/Parkway Limited Partnership
2. File number assigned by the Secretary of State: 5006130
3. Federal Employer Identification Number (F.E.I.N.): 36-382 154d
4. The reason for filing this certificate of cancellation: to terminate the partnership
5. This certificate of cancellation 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)
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: c/o ZKS Real Estate Partners, 225 West Washington, Suite 1450, Chicago, IL 60606 (Cook County)



Return to Box 416 (R. Corder)



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 *William G. Murray*

Type or print name and title William Murray

Assistant Secretary

Name of General Partner if a corporation or other entity PKA Realty Corporation

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) 785-8980