

Form LP 201
(Rev. Jan. 1995)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C009853

Assigned by
Secretary of State

C009853 SOSIL 12/18/97
75.00 ID 0000027240 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)

1. Limited partnership's name: Cypress Point Limited Partnership

2. 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) 6463 North Northwest Highway
Chicago, Illinois 60631 Cook County

3. Federal Employer Identification Number (F.E.I.N.): 36-4184712

4. This certificate of limited partnership is effective on: (Check one)
a) the filing date, or b) another date later than but not more than 90 days subsequent to the filing date: _____
(month day, year)

5. The limited partnership's registered agent's name and registered office address is:

Registered agent:	<u>John</u>	<u>R.</u>	<u>Thomas</u>
	First name	Middle name	Last name
Registered Office:	<u>6463 North Northwest Highway</u>		
(P.O. Box alone and c/o are unacceptable)	<u>Number</u>	<u>Street</u>	<u>Suite #</u>
	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60631</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: The acquisition of real estate and the development
of such real estate with townhouse units and the sale of all such units.

IRS Business Code Number is: 6552

7. Dissolution date is: Perpetual or _____
(month, day, year)

J.R.T.

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is
Three Hundred Thousand Dollars (\$300,000.00)
9. A brief statement of the partners' membership termination and distribution rights:
No property other than cash shall be distributed to the limited partners.

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 AND NAME

Signature *John R. Thomas*

Type or print name and title John R. Thomas,

President

Name of General Partner if a corporation or

other entity Newport Builders, 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 _____

BUSINESS ADDRESS

Number/Street 6463 North Northwest Highway

City/town Chicago

State Illinois Zip Code 60631

Number/Street _____

City/town _____

State _____ Zip Code _____

Number/Street _____

City/town _____

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."

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) 785-3950