

# UNOFFICIAL COPY

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10-02-0000 14 001 1996-02-05 11:00:50  
Cook County Recorder 03.50

Form LP 201  
(Rev. Jan. 1995)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S013657

Assigned by  
Secretary of State

5013657 5081L 01/20/98  
75.00 EE 0000116641 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: Landfall Limited Partnership
- 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) Phil Goldberg, 790 Frontage Road, Northfield, Illinois 60093 Cook County
- Federal Employer Identification Number (F.E.I.N.): 36-4202213
- 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: Phil R Goldberg  
First name Middle name Last name  
Registered Office: 790 Frontage Road  
(P.O. Box alone and c/o are unacceptable) Northfield Cook Illinois 60093  
Number Street Suite #  
City County Illinois Zip Code
- The limited partnership's purpose(s) is: To Make Joint Investments

IRS Business Code Number is: 6748

- Dissolution date is:  Perpetual or December 31, 2099  
(month, day, year)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is 1,000.00

9. A brief statement of the partners' membership termination and distribution rights:

Distributions are to be made at the sole discretion of the General Partners. On termination,  
distribution of Partnership Assets will be pro-rata in relationship to the Partners' capital  
account balances.

### 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 E. Van Horn

**BUSINESS ADDRESS**  
Number/Street 941 Forest Avenue

Type or print name and title  
John E. Van Horn, General Partner

City/town Glencoe

Name of General Partner if a corporation or

other entity \_\_\_\_\_

State Illinois Zip Code 60022

Signature Penelope F. Van Horn

Number/Street 941 Forest Avenue

Type or print name and title

Penelope F. Van Horn, General Partner

City/town Glencoe

Name of General Partner if a corporation or

other entity \_\_\_\_\_

State Illinois Zip Code 60022

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!**