

Filing Fee \$25

SUBMIT IN DUPLICATE!

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4470/0051 87 006 1998-03-17 13:49:11
Cook County Recorder 23.50

LINCOLNSHIRE ASSOCIATES LIMITED PARTNERSHIP
25.00 HH 0009116230 FILED

COOK COUNTY
RECORDER
JESSE WHITE
SKOKIE OFFICE

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)

- Limited partnership's name: LINCOLNSHIRE ASSOCIATES LIMITED PARTNERSHIP
- File number assigned by the Secretary of State: C005819
- Federal Employer Identification Number (F.E.I.N.): 363727699
- The reason for filing this certificate of cancellation: COMPLETION OF BUSINESS
- 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)
- 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: 4930 W. OAKTON
SKOKIE, IL. 60077



LINCOLNSHIRE ASSOCIATES
c/o GERRARD WATSON
ASSOCIATES
4930 W. OAKTON
SKOKIE IL. 60077

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 

Type or print name and title DAVID KATZ, Exec. Vice President

BERNARD KATZ & COMPANY, INC.

Name of General Partner if a corporation or
other entity _____

Signature 

Type or print name and title JERRY WEISS
General Partner

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 DAVID KATZ
General Partner

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 62756
Telephone: (217) 785-8960