

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C010454

Assigned by  
Secretary of State



C010454 SOSIL 05/17/99  
75.00 ID 0000030706 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: BDB Burling, L.P.

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) 616 West Fulton, Apt. 610, Chicago, IL 60661 (Cook County)

3. Federal Employer Identification Number (F.E.I.N.): applied for

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 60 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>Peter</u>	<u>A.</u>	<u>Levy</u>
	First name	Middle name	Last name
Registered Office:	<u>203 N. LaSalle Street, Suite 1800</u>		
(P.O. Box alone and c/o are unacceptable)	<u>Chicago</u>	<u>Cook</u>	<u>Illinois</u>
	Number	Street	Suite #
	<u>Chicago</u>	<u>Cook</u>	<u>60601</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: the acquisition and development of property

IRS Business Code Number is: 6552

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

Return to Box 416 (R. Cordes)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is  
\$200,000.00

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

The Partners have no voluntary termination rights. Upon  
termination of the Partnership, the proceeds of liquidation  
shall be distributed to and among the Partners in accordance  
with the terms of the Partnership Agreement, which is kept  
at the principal office of the Partnership.

**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 X Peter A. Levy  
Type or print name and title Peter A. Levy, Asst.  
Secretary

**BUSINESS ADDRESS**  
Number/Street 616 West Fulton, Apt. 610  
City/town Chicago

Name of General Partner if a corporation or  
other entity BDB Development Corp., an Illinois  
corporation

State IL Zip Code 60661  
Number/Street \_\_\_\_\_

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

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

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

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

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

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

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

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."

**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!**

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