FILING DEADLINE IS

Form Let 181 OFFICIAL CO. 77005 35 001 Page 1 of (Rev. Jan. 1995)

1999-10-19 14:04:13

Cook County Recorder

23.00

\$15 Filing Fee

Submit Typed **Duplicate**

FORMS OF PAYMENTS

PRIOR TO 10/01/99

Payments must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money or der, Payable to "Scretary of State" **LO NOT SEND CASH!**

> SECRETARY OF STATE - STATE OF ILLINOIS LIMITED PARTNERSHIP BIENNIAL RENEWAL REPORT

DO NOT MAKE CHANGES ON THIS FORM, IF CHANGES ARE NECESSARY AMENDMENT FORM LP 202 (LLPIC'S) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

Registered Agent name and Registered Agent's office address.

JUDITH S. SHERWIN 33 W MONROE ST., 21ST FLR CHICAGO, IL 60603

Limited Partnership Name: HAMPTON PLAZA HEALTH CARE CENTER REAL ESTATE LIMITED PARTNERSHIP

Secretary of State's Assigned File Number: C006464 Federal Employer Identification Number: 363769396

State of Jurisdiction:

ILLINOIS

If Foreign attatch a current Certificat, of Good Standing

I affirm this limited partnership still exists in Illinois.

Address of office where records required by Section 104 (Illinois) or Section 902 (Foreign) are kept:

8555 MAYNARD ROAD

COOK

NILES, IL 60714 The undersigned affirms, under penalty of perjury, that the facts stated herein are true.

Renewal report must be signed by a general partner.

(Signature)

General Partner Behr,

(Type or Print Name and Title)

RETURN TO:

Secretary of State

Department of Business Services

Limited Partnership Division

Room 357 Howlett Building

Springfield, Illinois 62756

Telephone: (217) 785-8960

(Name of General Partner if a corporation or other enity) (Signature must be in black ink on an original document. Carbon copy, photo copy or rubber stamp 000425

RETURN TO BOX 57

ATTENTION: R. SLAGER