

UNOFFICIAL COPY

99095396

Form LP 203
(Rev. Jan. 1995)

9318/0111 51 001 Page 1 of 2
1999-01-28 16:03:01
Cook County Recorder 23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!



99095396

C000184 SOSIL 12/31/98
25.00 IC 0000029864 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 CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

- Limited partnership's name: Carlisle Real Estate Limited Partnership - XVI
- File number assigned by the Secretary of State: C000184
- Federal Employer Identification Number (F.E.I.N): 36-3437938
- The reason for filing this certificate of cancellation: The partnership is no longer conducting any 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: _____
900 N. Michigan Ave. Ste 1900
Chicago, IL 60611
Cook County

C LP-4.4

(ILL. - LP 2828 - 12/27/94)

CT System

5/12/99

Form LP 203
(Rev. Jan. 1995)

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 Kimberly Schwartz
Type or print name and title Kimberly Schwartz,
Asst. Secretary
Name of General Partner if a corporation or
other entity JMB Realty Corporation

Signature Kimberly Schwartz
Type or print name and title Kimberly
Schwartz, Asst. Secretary
Name of General Partner if a corporation or
other entity ABPP Associates, L.P.

By: JMB Realty Corporation
Its: General partner

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 _____

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."

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!