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1999-01-28 16:03:21

Cook County Recorder 23.50

Form LP 203  
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!



C001116 SOSIL 12/31/98  
25.00 IC 0000029863 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 - XVII
- File number assigned by the Secretary of State: C001116
- Federal Employer Identification Number (F.E.I.N): 36-3467497
- 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)

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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  
Asst. 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."

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