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99095398

Form LP 203
(Rev. Jan. 1995)

9838/0119 51 001 Page 1 of 2
1999-01-28 16:03:40
Cook County Recorder 23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!



99095398

C002242 SOSIL 12/31/98
25.00 IC 0000029861 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)

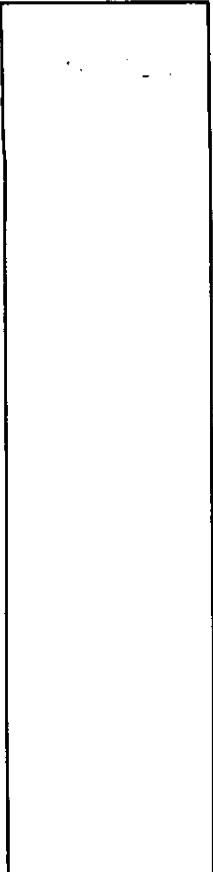
- Limited partnership's name: Carlyle Real Estate Limited Partnership-XII
- File number assigned by the Secretary of State: C002242
- Federal Employer Identification Number (F.E.I.N): 36-3149589
- The reason for filing this certificate of cancellation: Partnership is no longer conducting any business.
- 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

SY
12/28/98



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 JM3 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.

Signature By: JM3 Realty Corporation
general partner.
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