

Filing Fee \$75



99354736

SUBMIT IN DUPLICATE!

File # S015181

Assigned by
Secretary of State

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)

69-9

1. Limited partnership's name: Charles W. Connors Family Fund 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) 200 West Adams Street, Suite 2500, Chicago, IL 60606 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>John Foster Lesch</u>		
	First name	Middle name	Last name
Registered Office:	<u>200 West Adams Street, Suite 2500</u>		
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60606</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: To invest personal and real property

IRS Business Code Number is: 525990

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

BOX 170

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(Rev. Jan. 1995)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$2,002,000.00

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

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 *Charles W. Connors* **SIGNATURE AND NAME** Number/Street 1410 Sheridan Road, Apt 2 D **BUSINESS ADDRESS**

Type or print name and title _____ City/town Wilmette
Charles W. Connors, General Partner

Name of General Partner if a corporation or other entity _____ State IL Zip Code 60091

Signature *Ann Connors* Number/Street 1410 Sheridan Road, Apt 2 D

Type or print name and title _____ City/town Wilmette
Ann Connors, General Partner

Name of General Partner if a corporation or other entity _____ State IL Zip Code 60091

Signature _____ Number/Street _____

Type or print name and title _____ City/town _____

Name of General Partner if a corporation or other entity _____ 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.)

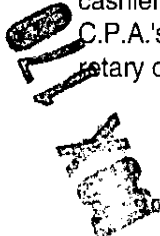
FORMS OF PAYMENT:

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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Attachment
Form LP 201

Charles W. Connors Family Fund L.P.

9. Termination: Each Partner has right to voluntarily withdraw as of the end of each partnership year upon 60 days written notice, except in year of dissolution.

Distribution: Each Partner may withdraw any deemed capital contribution received by the partnership from another transferor for a period of 30 days after such transfer. Upon withdrawal, a withdrawing Partner shall receive the fair market value of his partnership interest, in cash or in kind, in 10 equal annual payments.

Property of Cook County Clerk's Office

BOX 170

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