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SECRETARY OF STATE
ALLAHASSEF, FLORIDA

D. BRUCE

MAR 9 2011

EXAMINET

COVER LETTER

TO: Registration Division of Control	Section Corporations			
SUBJECT: DAR	R PROPERTIE:	S L.P.		
(Name of	Foreign Limited Partners	hip or Limited Liability	Limited Partnership)	
The enclosed Notice	e of Cancellation and	fee(s) are submitted	l for filing.	
Please return all cor	11 MAR SECRE			
JOHN S. WOF	RTHEN			1-8 148) ASSI
	(Contact Person)			m 9 ₹
RATHJE & WO	DODWARD, LLO			FE'S AL
	(Firm/Company)			STATE STATE
300 E. ROOSEVELT ROAD, SUITE 300				DM ON
	(Address)			
WHEATON, IL	. 60187			
	(City, State and Zip Code))		
For further informat	ion concerning this m	natter, please call:		
LESLIE SCHMIDT		at (630)	668 8500	
(Name of Cont	act Person)		nd Daytime Telephone	Number)
Enclosed is a check	for the following amo	ount:		
✓ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing F and Certified Copy		, and
STREET ADDRES	SS:	MAILI	NG ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 323		rananas	Sec, FL 32314	

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

DARR PROPERTIES L.P	•		
(Name of limited parts	nership or limited !	iability limited partnership)	
ILLINOIS			
(1)	urisdiction of form	ation)	
3/14/2001			
(Date author	rized to transact bu	siness in Florida)	
This foreign limited partnership or transacting business in Florida and s. 620.1907, F.S.			it to
This entity appoints the Florida Derights of action arising out of the transfer			for
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	e of filing: DA e than 90 days afte	TE OF FILING r the date this document is filed by the Flo	rida
Signature of a general partner:		<u>:</u>	TALLAH
Typed or printed name:			R-8
ANTHONY MASTRANGE	ELO	: ::	A ₹ m
Filing Fee: Certified Copy (optional): Gertificate of Status (optional):	\$52.50 \$52.50- \$8.75	LORIÑA	D 36