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SECRETARY OF STATE

D. BRUCE

NOV 2 4 2009

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: LINCOLNSHIRE ASSOCIA	TES II, LTD.		
(Name of Foreign Limited Partnershi	ip or Limited Liability Limited Partnership)		
	tus and fees are submitted to register a foreign ted partnership to transact business in Florida. ng this matter to:		
VANESSA N. COHN			
(Contact Person)			
ARNSTEIN & LEHR LLP	Acc	9	
(Firm/Company)		8	-
302 KNIGHTS RUN AVE., SUITE 1100	HASS	~	-
(Address)		~	i
TAMPA, FL 33602	FE	™	į
(City, State and Zip Code)	E. FLORIDA	09 NOV 18 PM 2: 26	
For further information concerning this ma	atter, please call:		
VANESSA N. COHN	at (813) 254-1400		
(Name of Contact Person)	(Area Code and Daytime Telephone Number)		
Enclosed is a check for the following amou	unt:		
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$\$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy Certificate of Status		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section		
Clifton Building	Division of Corporations P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		

Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 14, 2009

VANESSA N. COHN **ARNSTEIN & LEHR LLP** 302 KNIGHTS RUN AVE., SUITE 1100 TAMPA, FL 33602

SUBJECT: LINCOLNSHIRE ASSOCIATES II, LTD.

Ref. Number: W09000041039

We have received your document for LINCOLNSHIRE ASSOCIATES II, LTD. and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 109A00030221

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1 LINCOLNSHIRE ASSOCIATES II, I			
(Name of Limited Partnership or Limited Li	ability Limited Partnership, which must include suffix)		
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership	a Fartnersnip, Limitea, L.P., T.P., or Lia. 5 suffixes: Limited Liability Limited Partnership, L.L.L.P.		
or LLLP.			
	imited partnership or limited liability limited partnership		
, ,	ess in Florida; must contain acceptable suffix.)		
2. TEXAS	3, December 10, 1996		
(State or Country of Formation)	(Date of Formation)	_	
4. VANESSA N. COHN	,		
	Agent for Service of Process)		
5,302 KNIGHTS RUN AVE., SUITE 1	100		
(Florida street add	dress for Registered Agent)	· 03	
TAMPA, FL 33602	LA	~	*******
	N. T.	- - -	
b. I hereby accept the appointment as registered	l agent and agree to act in this capacity. I further derive to to the groper and complete performance of my duffer.	o	
and I am familiar with an accept the obligations	of my position as registered agent.	3	IT
	\mathcal{L}	<i>5</i>	
×0	. M (AL 32	N	
Signature	of Registered Agent	9	
_	_		
7. 555 SKOKIE BLVD., SUITE 555, A		_	
(Ртілсір	al office address)		
NORTHBROOK, IL 60062			
		-	
8. If limited partnership is a limited liabi	lity limited partnership, check box		
• •			

Page 1 of 3

9. ATTN: DAVID M. ROTENBERG, 50	05 SKOKIE BLVD., SUITE 555	_
NORTHBROOK, IL 60062		
10. Name, principal office address, and n	nailing address of each general partner:	_
DDC 2009 IRREVOCABLE TRUST	c/o David D. Colburn, Trustee	_
(Name)	(Street Address) 505 Skokie Blvd., Suite 555	
	Northbrook, IL 60062 409 0001 (Mailing Address)	76425
(Name)	(Street Address)	- -
	(Mailing Address)	-
(Name)	(Street Address)	- 09
	(Mailing Address) (Mailing Address)	FILE
(Name)	(Street Address)	FH 2: 26
	(Mailing Address)	_

Page 2 of 3

(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
11. Effective date, if other than the date of filing:_ (Effective date cannot be prior to nor mor, filed by the Florida Department of State.)	e than 90 days after the date this docum	ent is
12. Attached is a certificate of existence do to the delivery of this application to the Fl State or other official having custody of the law of which it is organized.	orida Department of State, by the Secret	tary of
Signed this \lambda 0^{7 \lambda \lambda 1} day of Mar	rch ,20 <u>09</u>	- ALL SEC 69
Signature of a general partner:		FILED 09 NOV 18 PM 2: 26 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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\$52.50 \$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Fees: Certified Copy (optional): Certificate of Status (optional): Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



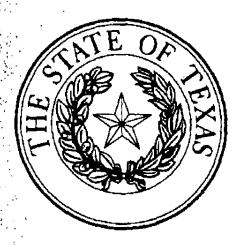
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate Of Limited Partnership for LINCOLNSHIRE ASSOCIATES II, LTD. (file number 7463410), a Domestic Limited Partnership (LP), was filed in this office on May 26, 1994.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 15, 2009.



Hope Andrade Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 279629880004