

Requestor's Name: Lexis/Cindy
 Address: B9200000000048
 City/State/Zip: _____ Phone #: _____
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SIP Properties L P
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 JAN 10 AM 11:26

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☒ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

200002058802--4
 -01/15/97--01029--008
 *****\$2.50 *****\$2.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign FILING
<input type="checkbox"/>	Limited Partnership A. CUP
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

52.50
 52.50
 1/10/97

Examiner's Initials	
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**CERTIFICATE OF CANCELLATION
FOR**

SIP Properties Limited Partnership

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

STATE OF Illinois

COUNTY OF Cook

On this 9th day of January, 19 97, Donald J. Liebentritt, Asst. Secy. of the general partner of the Partnership
personally appeared before me, SIP PROPERTIES G.P., INC.

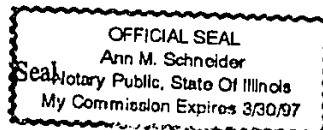
☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Donald J. Liebentritt, Asst. Secy. of the GP of the Partnership

Notary Public Signature

Ann M. Schneider

Notary's Printed Name



My Commission Expires: 3/30/97

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