

**Form LP 1108  
January 2008**

**Filing Fee: \$50**

Submit in duplicate. 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.

Please do not send cash.

File # \_\_\_\_\_  
Assigned by Secretary of State

Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
Springfield, IL 62756  
217-785-8960  
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

**Illinois Secretary of State  
Department of Business Services  
Limited Partnership Articles of Merger**

**Please type or print clearly.**

1. Name of each Limited Partnership, and Name and Jurisdiction of Organization of each Limited Liability Company that is a party to the merger:

Name of Entity	Type of Entity (LP or LLC)	Jurisdiction of Organization	Filing Date	Secretary of State File #
_____	_____	_____	_____	_____

2. A plan of merger has been approved and signed by each Limited Partnership and each Limited Liability Company that is a party to the merger.

3. Name and Address of Surviving Entity: \_\_\_\_\_  
\_\_\_\_\_

4. Effective Date of Merger (check one):  
 filing date  
 a later date, but not more than 30 days subsequent to the filing date \_\_\_\_\_  
Date (month, day, year)

5. All Limited Liability Companies that are parties to this merger and were on record with the Illinois Secretary of State prior to Jan. 1, 1998, have elected in their operating agreements to be governed by the Amendatory Act of 1997.

6. If there are changes to the surviving Limited Partnership's Certificate of Limited Partnership by reason of this merger, the changes must be set forth below.

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7. For Limited Liability Companies that are parties to the merger, complete the following:

_____ Name of LLC	_____ Jurisdiction	_____ Organization Date	_____ Date of Admission to Illinois (foreign LLCs)
_____ Name of LLC	_____ Jurisdiction	_____ Organization Date	_____ Date of Admission to Illinois (foreign LLCs)
_____ Name of LLC	_____ Jurisdiction	_____ Organization Date	_____ Date of Admission to Illinois (foreign LLCs)

8. If the surviving entity is not a domestic Limited Partnership or Limited Liability Company organized under the laws of this State, it agrees that the surviving entity may be served with process in this State and is subject to liability in any action or proceeding for the enforcement or any liability or obligation of any Limited Partnership previously subject to suit in this State that is to merge, and for the enforcement, as provided in this Act, of the right of partners of any Limited Partnership to receive payment for their interest against the surviving entity.

9. The undersigned caused these articles to be signed by the duly authorized person(s), each of whom affirms, under penalties of perjury, that the facts stated herein are true.

1. _____ Signature	2. _____ Signature
_____ Name and Title (type or print)	_____ Name and Title (type or print)
_____ Name if a corporation or other entity	_____ Name if a corporation or other entity
3. _____ Signature	4. _____ Signature
_____ Name and Title (type or print)	_____ Name and Title (type or print)
_____ Name if a corporation or other entity	_____ Name 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.**

**For additional space, continue in the same format  
on a plain white 8.5 x 11 sheet of paper.**