

**Form LP 202-RECE
March 2008**

Filing Fee: \$150

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.**

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
Restated Certificate of Limited Partnership
(Illinois Limited Partnership)**

Please type or print clearly.

1. Limited Partnership Name: _____

2. Address, including County, of office at which records required by Section 104 will be kept:

Street Address (P.O. Box alone is unacceptable)

City, State, ZIP, County

3. File Number assigned by Secretary of State: _____

4. Date of filing initial Certificate of Limited Partnership: _____

5. Federal Employer Identification Number (F.E.I.N.): _____

6. Registered Agent: _____
Name

Registered Office: _____
Street Address (P.O. Box alone is unacceptable)

City, State, ZIP, County

7. Limited Partnership's Purpose(s): _____

8. IRS Business Code Number: _____

9. Optional: **Total** aggregate **dollar amount** of cash, property and services contributed by all partners:

\$ _____

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10. Optional: Brief statement of partner's membership termination and distribution rights:

Names and Business Addresses of all General Partners

1. _____ General Partner Name if corporation or other entity	2. _____ General Partner Name if corporation or other entity
_____ Street Address	_____ Street Address
_____ City, State, ZIP, County	_____ City, State, ZIP, County
3. _____ General Partner Name if corporation or other entity	4. _____ General Partner Name if corporation or other entity
_____ Street Address	_____ Street Address
_____ City, State, ZIP, County	_____ City, State, ZIP, County

The undersigned affirms, under penalties of perjury, that the facts stated herein are true and that all provisions within this Restated Certificate have previously been stated on the original certificate or on subsequently filed amendments. **One General Partner must sign the Restated Certificate of Limited Partnership.**

_____ Signature	_____ General Partner Name if corporation or other entity
_____ Name and Title (type or print)	

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**