

**Form LP 203  
January 2008**

**Filing Fee: \$25**

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  
Statement of Termination  
of the Certificate of Limited Partnership  
(Illinois Limited Partnership)**

**Please type or print clearly.**

1. Limited Partnership Name: \_\_\_\_\_
2. File Number assigned by Secretary of State: \_\_\_\_\_
3. Date of filing initial Certificate of Limited Partnership: \_\_\_\_\_
4. Federal Employer Identification Number (F.E.I.N.): \_\_\_\_\_
5. Address, including County, to which the Secretary of State may mail a copy of any process against the Limited Partnership that may be served on him/her (P.O. Box only is unacceptable):

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**Form LP 203**

**Names and Business Addresses of all General Partners**

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. **All General Partners are required to sign the Statement of Termination.**

1. _____ Signature	2. _____ Signature
_____ Name and Title (type or print)	_____ Name and Title (type or print)
_____ General Partner Name if corporation or other entity	_____ General Partner Name if corporation or other entity
_____ Street Address	_____ Street Address
_____ City, State, ZIP, County	_____ City, State, ZIP, County
3. _____ Signature	4. _____ Signature
_____ Name and Title (type or print)	_____ Name and Title (type or print)
_____ General Partner Name if corporation or other entity	_____ General Partner Name if corporation or other entity
_____ Street Address	_____ Street Address
_____ City, State, ZIP, County	_____ City, State, ZIP, County

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