

Illinois Uniform Limited Partnership Act
Merger

FILE #:

This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Please type or print clearly.

This space for use by Secretary of State.

Filing Fee: \$50

Approved:

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

Payment must be made by check payable to Secretary of State.
Please do not send cash.

1. Name, Form and Jurisdiction of each Entity that is party to the merger:

Name of Entity	Form (LP or LLC)	Jurisdiction	LP or LLC File Number
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2. The merger has been approved by each Limited Partnership and each Limited Liability Company that is a party to the merger in accordance with Sections 1106-1109.

3. Name, Form and Jurisdiction of Surviving Entity: _____
Name Form (LP or LLC)

Jurisdiction	Mailing Address	City/State	ZIP
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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. If the surviving entity is created by this merger, the organizational document must be attached.

6. If there are changes to the surviving entity by reason of this merger, the changes must be set forth below: For additional space, continue in the same format on a plain white 8.5 x 11 sheet of paper.

7. Each entity has approved this merger as required by its governing statutes.

Form LP 1108

8. 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, correct and complete.

1. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

Name of entity

2. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

Name of entity

3. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

Name of entity

4. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

Name of 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.**