NOFFICIAL C 2000-06-30 10:59:59 8 (Rev. Jan. 1999) Cook County Recorder 23.50 Filing Fee \$25 SUBMIT IN DUPLICATE! Return to: Department of **Business Services** Limited Partnership Division Room 357, Howlett Building Springfield, IL 62756 Telephone: (217) 785-8960 http://www.cos.state.il.us. SECRETARY OF STATE All correspondence regard-STATE OF ILLINOIS ing this filing will be sent to the registered agent of the CERTIFICATE OF AMENDMENT limited partnership unless TO THE self-addressed envelope with CERTIFICATE OF LIMITED PARTNERSHIP pre-paid postage is included (Illinois limited partnership) (Please type or print clearly) Limited partnership's name: LPW Limited Partnership File number assigned by the Secretary of State: c007961 Federal Employer Identification Number (F.E.I.N.): 36-3960069 The certificate of limited partnership is amended as follows: (Check all applicable changes here and specify them in item 5.) (Address changes, P.O. Box alone and c/o are unacceptable) a) Admission of a new general partner (give name and business address in item 5 on reverse). b) Withdrawal of a general partner (give name in item 5 on reverse). Change of registered agent and/or registered agent's office (give new name and address, including county on item 5 on reverse). Change in the address of the office at which the records required by Section 201 of the Act are kept (give new address, including county, in item 5 on reverse). e) Change in the general partners name and/or business address (give name and new address in item 5 on reverse). f) Change in the partners' total aggregate contribution amount (give new dollar amount in item 5 on reverse). g) Change in limited partnership's name (give new name in item 5 on reverse). Change in date of dissolution (give new date in item 5 on reverse). Other (give information in item 5 on reverse).

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Form LP 202 (Rev. Jan. 1999)

. Place Item #4 changes here:	LPR305/30/00:01:	
Michael J. Sreenan	SOSIL COQ7961 FI	ren ene
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Chicago, Illinois 60622	•	
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6. NAME(S) & BUSINESS ADDRESS(ES) OF GENER		•
The undersigned affirms, under penalties of perjury, that the	he facts stated herein are true.	
The original certificate of amendment must be signed b	v a general partner, all new gene	ral partners and at least one
The original certificate of amendment must be eight a withdrawing general partner.	, <b>u</b> general para	
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A. J. C. Alt TIATE	BUSINESS	ADDRESS
BIONA TORE AND VANIE	Number/Street 853 N. E1	ston Ave.
1. Signature		•
Type or print name and title Robert S. Williams	Cinytown Chicago	<u>, , , , , , , , , , , , , , , , , , , </u>
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VP of Rezmar Corporation, CP		
Name or General Partner if a corporation or	- 0	717 0-1-60600
other entity _ 5 536 3765	_ State Illivors	ZIP Code 60622
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