15.00 314 FILED

SOFFICIAL COPPOSITION OF Page 1 of (Rev. Jan. 1995)

2000-07-24 15:08:08

Cook County Recorder

FILING DEADLINE IS PRIOR TO 07/01/00

\$15 Filing Fee

Submit Typed **Duplicate**

FORMS OF PAYMENTS Payments must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money creer, Payable to "Secretary of State"

DO WOT SEND CASH!

COOK COUNTY RECORDER EUGENE "GENE" MOORE ROLLING MEADOWS

SECRETARY OF STATE - STATE OF ILLINOIS LIMITED PARTNERSHIP BIENNIAL RENEWAL REPORT

DO NOT MAKE CHARGES ON THIS FORM IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLI'40,5) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

Registered Agent name and Registered Agent's office addiess.

VISWANATHAM SUSARLA 22 ROLLING HILLS DRIVE BARRINGTON HILLS, IL 60010

Limited Partnership Name: THE SUSARLA FIRST FAMILY LIMITED PARTNERSHIP

Secretary of State's Assigned File Number: \$011314 Federal Employer Identification Number: 364093930

State of Jurisdiction:

!LLINOIS

If Foreign attacon a current Certification f Good Standing

I affirm this limited partnership still exists in Illinois.

Address of office where records required by Section 104 (Illinois) or Section 902 (Foreign) are kept:

22 ROLLING HILLS DRIVE

COOK

BARRINGTON HILLS, IL 60010 The undersigned affirms, under penalty of perjury, that the facts stated herein are true.

Renewal report must be signed by a general partner.

(Signature)

ype or Print Name and Title)

PARTNER (Name of General Partner if a corporation or other enity)

(Signature must be in black ink on an original document. Carbon copy, photo copy or rubber stamp

signature may only be used on conformed copies).

RETURN TO: Secretary of State Department of Business Services Limited Partnership Division Room 357 Howlett Building Springfield, Illinois 62756

Telephone: (217) 785-8960

000029



VISWANATHAM SUSARLA 22 ROLLING HILLS DRIVE BARRINGTON HILLS, IL 60010

COOK

Nh.

Ocoop County Clerk's Officers.

LPR306/28/00:01:6862: 25.00 MU SOSIL SO11314 FILED 202

Form L COPUS 51482 Page 3 of

Filing Fee \$25

SUBMIT IN DUPLICATE!

Return to: Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, IL 62756 Telerhone: (217) 785-8960 http://www.sos.state.il.us.

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)
(Please type or print clearly)

| 1. | Limited | partnership's name: THE SUSARLA FIRST FAMILY LIMITED PARTNERSHIP | | |
|----|--|---|--|--|
| | S (11314) | | | |
| 3. | Federal Employer Identification Number (F.E.I.N.): 364093930 | | | |
| 4. | 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 it∈m 5 on reverse). | | |
| | b) | Withdrawal of a general partner (give name in item 5 on reverse). | | |
| | c) Change of registered agent and/or registered agent's office (give new name and address, including county of item 5 on reverse). | | | |
| | d) 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). h) Change in date of dissolution (give new date in item 5 on reverse). | | | |
| | | | | |
| | i) Other (give information in item 5 on reverse) | | | |

Form LP 202 (Rev. Jan. 1999)

UNOFFICIAL COPO 551482 Page 4 of 4

5. Place Item #4 changes here:

CURRENT NAME
THE SUSAKLA FIRST FAMILY
LIMITED PARTNERSHIP

NEW NAME SUSARLA FLP.1

LPR306/28/00:01:6862:

25.00 MU

SOSIL S011314 FILED 202

If additional space is noticed for item 4, it must be continued in the same format on a plain white 8 $1/2 \times 11$ sheet, which must be stapled to this ion n.

6. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

| 1. Signature VISWamattan Sisters | BUSINESS ADDR Number/Street 22 ROLLING | ESS a HILLS DRIVE |
|--|---|----------------------|
| Type or print name and title GENERAL PARTNER | City/town BARKINGTON | Hous, 1L |
| Name of General Partner if a corporation or | 9 | |
| other entity | State | ZIP Code |
| 2. Signature | Number/Street | |
| Type or print name and title | City/town | • |
| Name of General Partner if a corporation or | ************************************** | |
| other entity | State | ZIF Code |
| 3. Signature | Number/Street | |
| Type or print name and title | City/town | |
| Name of General Partner if a corporation or | | |
| other entity | State | ZIP Code |

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)