

Filing Fee \$25

SUBMIT IN DUPLICATE!

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SOSIL 5000737 FILED 905

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 APPLICATION FOR ADMISSION
(foreign limited partnership)

1. Limited partnership's name: Arlington Heights Housing Partners Limited Partnership
2. File number assigned by the Secretary of State: S000737
3. Federal Employer Identification Number (F.E.I.N.): 391511110
4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:
N/A
5. The application for admission to transact business is amended as follows:
(Check **all** applicable changes here and specify them in item 6.)
(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 6 on reverse).
 - b) Withdrawal of a general partner (give name in item 6 on reverse).
 - c) Change of registered agent and/or registered agent's office (give new name and address, including county in item 6 on reverse).
 - ~~xx~~ d) Change in the address of the office at which the records required by Section 902 of the Act are kept (give new address, including county, in item 6 on reverse).
 - ~~xx~~ e) Change in the general partners name and/or business address (give name and new address in item 6 on reverse).
 - f) Change in limited partnership's name (give new name in item 6 on reverse).
 - g) Change in date of dissolution (give new date in item 6 on reverse).
 - h) Other (give information in item 6 on reverse).

(over)

BOX 170

129-4

UNOFFICIAL COPY

Arlington Heights Housing Partners Limited Partnership
2 Science Court, P.O. Box 45530
Madison, WI 53744-5530

County of Dane

If additional space is needed, it must be continued in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

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.

SIGNATURE AND NAME

BUSINESS ADDRESS

1. Signature Michael L. Morey
Madison Real Estate Limited Partnership
Type or print name and title Michael L. Morey
Vice President

Street 2 Science Court, P. O. Box 45530
By: Madison Investment Properties Corporation
City/town Madison

Name of General Partner if a corporation or
other entity _____

State WI ZIP Code 53744-5530

2. Signature _____
Type or print name and title _____

Street _____
City/town _____

Name of General Partner if a corporation or
other entity _____

State _____ ZIP Code _____

3. Signature _____
Type or print name and title _____

Street _____
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.)

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960
<http://www.sos.state.il.us>

BOX 170

DO NOT SEND CASH!

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