25.00 CK01

Form LP 202 (RUNOFFICIAL CC

Filing Fee \$25

SUBMIT IN DUPLICATE!

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2000-08-01 11:04:16

Cook County Recorder

23.00

Return to: Department of **Business Services** Limited Partnership Division Room 357, Howlett Building Springfield, IL 62756 Telephone: (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 savelope 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:DAVIT A PARTMENTS LIMITED PARTNERSHIP					
2.	File number assigned by the Secretary of State:						
3.	Federal Employer Identification Number (F.E.I.N.): 363231654						
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)						
	<u>X</u> a)	Admission of a new general partner (give name and business address in item 5 on reverse).					
	<u> </u>	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 on 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 EP 202 (Rev. Jan. 1999)

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5. Place Item #4 changes here:	(807/25/00:01		25.00 CK0
_	he new general partner	is as follows:	IL CO02312 F	ILED 202	
	. Capital Assoc 1201 North Cl	iates Development ark Street - Suite	Corp., an Illi 300	nois corporat	ion
	Chicago, Illi	nois 60610			
Item 4(b): T	Capital Assoc	ral partner is as follows: sociates Development Corp., a Delaware corporation Clark Street - Suite 300 linois 60610			
If additional space is needed for ite must be stapled to this form.	om 4, it must be continue	ed in the same form	at on a plain wh	iite 8 1/2·x 11	sheet, which
must be stapled to this topic			·		
6: NAME(S) & BUSINES(ADD	HESS(ES) OF GENER	AL PARTNER(S)			
The undersigned affirms, under pe	carties of periury, that th	e facts stated herei	n are true		
The original certificate of amendm	ent must be signed by	a general partner,	all new genera	al partners an	d at least one
withdrawing general partner.	C				
		·			
SIGNATURE AND 1. Signature	NAME	N1	BUSINESS A	DRESS	
		Number/Stree	1201 North (<u>lark Street</u>	- Suite 300
Type or print name and title De Chief Financial Officer	eno T. Varlas,	City/town	Chicago		
Name of General Partner if a corpo		40,			
•			11144-		
other entity <u>Capital Associates D</u> a Delaware corpora	evelopment Corp.,	State	Illinois	ZiP Code	50610 —————
(the withdrawing/G					•
2. Signature Lon Vi			201 North (lark Street -	Cuita 200
		Number/Street	TEGT NOT CIT C	Tark Screet	- Suite 300
Type or print name and titleDe	no T. Varlas.	City/town	Chicago		
Chief Financial Officer),,	·
Name of General Partner if a corpo	ration or	-		/}; -	
-	Development Corp.,	0 4 - 4 -	Illinois	(C)	0610
an Illinois corpor	ation	State		ZIP Code ⁶	
(the new General Pa	artner)				
. Signature		Number/Street			
					·
ype or print name and title		City/town			
lame of General Partner if a corpor					
ther entity		State		7IP Code	

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