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Form LP 202 (Rev. Jan. 1999)

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SUBMIT IN DUPLICATE!

Cook County Recorder



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 ageni 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)

	Limited partnership's name: Chicago Equity Fund 1006 Limited Partnership		
	File number assigned by the Secretary of State:CQJ8628		
Federal Employer Identification Number (F.E.I.N.):364039335			
	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 term 5 on reverse).		
	b) Withdrawal of a general partner (give name in item 5 on reverse).		
	x c) Change of registered agent and/or registered agent's office (give new name and audress 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).		

RETURN TO BOX 408

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5. Place Item #4 changes here:

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Current Address of Agent: Jeffrey Kuta, 233 S. Wacker, 6600 Sears Tower, Chicago, II. Cook County, IL

00636284 00636284

If additional space is needed for item 4, 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	Number/Street 233 S.	Wacker Drive, Suite 6600
Type or print name and titleJeffrey Kuta,	Cky/town Chicago, 1	Illinois 60606
Secretary	⁴ / ₂ / ₂	
Name of General Partner if a corporation or	9	
other entityChicago Equity Fund, Inc., General Partner	State	ZIP Code
	0,	
2. Signature	Number/Street	
Type or print name and title	- City/town	
	<u> </u>	U/Sc.
Name of General Partner if a corporation or		10
other entity	State	ZIP C(id'e
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	nt. Carbon copy, photocopy or	rubber stamp signatures may only

DO NOT SEND CASH!

be used on conformed copies.)