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6671/0123 30 001 Page 1 of 2  
2001-07-31 15:42:46  
Cook County Recorder 23.00

UNOFFICIAL COPY

Form LP 202  
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



25.00 TX01  
CER402/07/01:01:1987:  
SOSIL 0009239 FILED 202

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 regard-  
ing 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: 314 West Superior Limited Partnership
2. File number assigned by the Secretary of State: 009239
3. Federal Employer Identification Number (F.E.I.N.): 36-4108507
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 item 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 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).

Box 389 MPA

5. Place Item #4 changes here:

- c) The address of the Registered Agent is changed to: 445 North Wells Street, Suite 200  
Chicago, Cook County, IL 60610
- d) The address where records are kept is changed to: 445 North Wells Street, Suite 200  
Chicago, Cook County, IL 60610
- e) The address of the general partner is changed to: 445 N. Wells Street, Suite 200  
Chicago, Cook County, IL 60610

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.

<p>1. Signature <u><i>Howard R. Conant, Jr.</i></u></p> <p>Type or print name and title <u>Howard R. Conant, Jr.,</u> <u>President</u></p> <p>Name of General Partner if a corporation or other entity <u>Urban Innovations, Ltd.</u></p> <p>2. Signature _____</p> <p>Type or print name and title _____</p> <p>Name of General Partner if a corporation or other entity _____</p> <p>3. Signature _____</p> <p>Type or print name and title _____</p> <p>Name of General Partner if a corporation or other entity _____</p>	<p><b>SIGNATURE AND NAME</b></p> <p><b>BUSINESS ADDRESS</b></p> <p>Number/Street <u>444 N. Wells Street</u></p> <p>City/town <u>Chicago</u></p> <p>State <u>IL</u> ZIP Code <u>60610</u></p> <p>Number/Street _____</p> <p>City/town _____</p> <p>State _____ ZIP Code _____</p> <p>Number/Street _____</p> <p>City/town _____</p> <p>State _____ ZIP Code _____</p>
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(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformer copies.)

**DO NOT SEND CASH!**