

UNOFFICIAL COPY

Form LP 201
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!

0010691290

6631/0125 30 001 Page 1 of 2
2001-07-31 15:44:34
Cook County Recorder 23.00



0010691290

25.00
CER402/07/01:01:1985:
SOSIL C009116 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: 445 North Wells Limited Partnership
2. File number assigned by the Secretary of State: 0009116
3. Federal Employer Identification Number (F.E.I.N.): 36-4100462
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 WMS

25.02.001
DEF402/07/01:01:1985:
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5. Place Item #4 changes here:

- a) New general partner is: 445 North Wells, L.L.C.
445 N. Wells Street, Suite 200, Chicago, IL 60610
- b) Withdrawing general partner is: Urban Innovations, Ltd.
- c) The Agent's address is changed to: 445 North Wells Street, Suite 200
Chicago, Cook County, IL 60610
- d) The Records Address is changed to: 445 North 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.

1. Signature Howard R. Conant, Jr. SIGNATURE AND NAME
 Number/Street 445 N. Wells St., Ste. 200 BUSINESS ADDRESS
 Type or print name and title Howard R. Conant, Jr., City/town Chicago
President, Urban Innovations, Ltd., the
 Name of General Partner if a corporation or member of
 other entity 445 North Wells L.L.C. State IL ZIP Code 60610

2. Signature Howard R. Conant, Jr.
 Number/Street 445 North Wells Street
 Type or print name and title Howard R. Conant, Jr., City/town Chicago
President
 Name of General Partner if a corporation or
 other entity Urban Innovations, Ltd. State IL ZIP Code 60610

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 conformer copies.)

DO NOT SEND CASH!