

Filing Fee \$25

SUBMIT IN DUPLICATE!



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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: 444 NORTH WELLS LIMITED PARTNERSHIP
2. File number assigned by the Secretary of State: 002067
3. Federal Employer Identification Number (F.E.I.N.): 36-3200019
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 MKA

5. Place Item #4 changes here:

- a) The new general partner is: 444 North Wells L.L.C.  
445 N. Wells Street, Suite 200  
Chicago, IL 60610
- b) The withdrawing general partner is: Urban Innovations, Ltd.
- c) The Registered 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 Street, Suite 200 **BUSINESS ADDRESS**  
 Type or print name and title Howard R. Conant, Jr., City/town Chicago  
President, Urban Innovations, Ltd., the  
member of  
 Name of General Partner if a corporation or other entity 444 North Wells L.L.C. State IL ZIP Code 60610

2. Signature Howard R. Conant, Jr. Number/Street 444 N. 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 conformed copies.)

**DO NOT SEND CASH!**