

UNOFFICIAL COPY

0010838473

7/35/0090 96 001 Page 1 of 2
2001-09-10 12:48:07
Cook County Recorder 23.50

Form LP 202
(Rev. May 2000)

Filing Fee \$25

SUBMIT IN DUPLICATE!



LPR308/20/01:01:4516:
SOSIL 5015151 FILED 202
25.00 MU

Return to: Department of
Business Services
Limited Partnership Section
Room 357, Howlett Building
Springfield, IL 62756
Telephone: (217) 785-8960
<http://www.sos.state.il.us>

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)

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

1. Limited partnership's name: St. Edmund's Meadows LIMITED PARTNERSHIP
2. File number assigned by the Secretary of State: 5015151
3. Federal Employer Identification Number (F.E.I.N.): 36-3986386
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 is 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 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 LP 202
(Rev. May 2000)

5: Place Item #4 changes here:
Register Agent
Rev. Richard L. Tolliver
6105 S. Michigan
Chicago, Illinois 60637
Cook

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 <u>Richard L. Tolliver</u>	Number/Street <u>6103 S. MICHIGAN</u>
Type or print name and title <u>Richard L. Tolliver</u>	City/Town <u>CHICAGO</u>
Name of General Partner if a corporation or other entity <u>GENERAL PARTNER</u>	State <u>IL</u> ZIP Code <u>60637</u>
(must be in good standing)	

2. Signature _____	Number/Street _____
Type or print name and title _____	City/Town _____
Name of General Partner if a corporation or other entity _____	State _____ ZIP Code _____
(must be in good standing)	

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!