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Form LP 202 (Rev. Jan. 1999)

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SUBMIT IN DUPLICATE!

2001-12-10 09:42:35

Cook County Recorder

23.00



Business Services Limited Partnership Division Poom 357, Howlett Building აբ.ingfield, IL 62756 Telephone: (217) 785-8960 http://www.sos.state.il.us.

Return to: Department of

All correspondence regarding this filing win 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)

Limited partnership's name: Sherwood Glen On The F. M. Apartments Ont 2 Partnership
File number assigned by the Secretary of State: S0051.8
Federal Employer Identification Number (F.E.I.N.): 362759759
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 tem 5 on reverse).
b) Withdrawal of a general partner (give name in item 5 on reverse).
Change of registered agent and/or registered agent's office (give new name and address, including county of item 5 on reverse).
d) Change in the address of the office at which the records required by Section 201 of the Acc 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).



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5. Place Item #4 changes here:

The name and address of the new registered agent is CT Corporation System, 208 South LaSalle St., Suite 814, Chicago, IL 60604, Cook County.

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 ADUPLSS(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 by 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 5999 New Wilke Road, Suite 504	
Type or print name and title Hal H. Barber, Senior Vice	City/town Rolling Mead	ows
President-Finance of Kimball Hill, Inc.	_	
Name of General Partner if a corporation or	1//	
other entity Kimball Hill, Inc.	State Illinois	ZIP Code 60008
2. Signature	Number/Street 5999 Now Wilke Road, Suite 504	
Type or print name and title David K. Hill, General	City/town Rolling Meadows	
Partner		
Name of General Partner if a corporation or		
other entity	State Illinois	ZIP (3d) 60008
3. Signature	Number/Street 5999 New Wilke Road, Suite 400	
	City/town Rolling Meadows	
Type or print name and title Tracy Hill, General	City/town	
Partner		
Name of General Partner if a corporation or		***
other entity	State Illinois	ZIP Code 60008

(Signatures must be in <u>BLACK INK</u> on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

DO NOT SEND CASH!

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