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Form LP 202 (Rev. Jan. 1999)

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

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included

Limited partnership's name: Humboldt Park Limited Parryersi ip

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)

2.	File number assigned by the Secretary of State: S005749		
3.	Federal Employer Identification Number (F.E.I.N.): 363801596		
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).	
	x c)	Change of registered agent and/or registered agent's office (give new name and address, including county on item 5 on reverse).	
	_x _ 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).	
	_ <u>½</u> 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:

4. (c) Erica Pascal
205 W. Wacker
23rd Floor
Chicago, Illinois 60606
Cook County

4. (d) 205 W. Wacker 23rd Floor Chicago, Illinois 60606 Cook County

If additional space is negled 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 or 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 Well Will	Number/Street 205 W. Wacker,	23rd Floor
Type or print name and title Hipolito Roldan, President	City.cown Chicago	
Name of General Partner if a corporation or		
other entity Hogar Development Corp. III	State Illinois	ZIP Code <u>60606</u>
2. Signature —	Number/Street	
Type or print name and title	City/town	<u> </u>
Name of General Partner if a corporation or		70
other entity	State	_ ZIP Coda
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.		

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be used on conformed copies.)

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APPLEGATE & THORNE-THOMSEN, P.C. 322 SOUTH GREEN STREET, SUITE 412 CHICAGO, ILLINOIS 60607 312-421-8400

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