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Form LP 202 (Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!

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Cook County Recorder

23.00



Return to: Department of **Business Services** Limited Partnership Division Room 357, Howlett Building Springfield, IL 62756 Te'ep ione: (217) 785-8960 http://www.sos.state.il.us.

All correspondance regarding this filling will be sent to the registered agent of the limited partnership unicus a self-addressed envelope vitti 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: NORTH RIVERSIDE L'MITED PARTNERSHIP
File number assigned by the Secretary of State: _S006855
Federal Employer Identification Number (F.E.I.N.): _363861930
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).
Change in the address of the office at which the records required by Section 201 of the Ast are kept (give new address, including county, in item 5 on reverse).
x 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).
C) DAVID B. BERZON D) 675 N. Michigan Ave. E) 675 N. MICHIGAN AVENUE Chicago, COOK COUNTY, IL 60611

Chicago, IL. 60611



33 W. MONROE, 21ST FLOOR

CHICAGO, COOK COUNTY, IL 60603

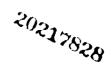
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5. Place Item #4 changes here:



LPR302/08/02:01:1873: SOSIL S006855 FILED

75.00 CkO2

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	Number/Street 675 N. Grungen And.	
1. Signature		<i>v</i>
Type or print name and titleDAVID_B. BERZON, VICE	city/town _ Chica	<i>jo</i>
PRESIDENT	<u> </u>	
Name of General Partner if a corporation or		
other entity NRP CORPORATION, GENERAL PARTNER	State <u>IL</u>	ZIP Code 606/1
	O _r	
2. Signature ———	Number/Street	0
Type or print name and title	City/town —	<u> </u>
Name of General Partner if a corporation or		
other entity	State	ZIP Urde
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 documer	nt. Carbon copy, photocopy or ru	bber stamp signatures may only

DO NOT SEND CASH!

be used on conformed copies.)