

LPR302/14/02:01:2036:
SOSIL 5013852 FILED 202
25.00 CK01

Filing Fee \$25
SUBMIT IN DUPLICATE!



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

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.

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)
(Please type or print clearly)

1. Limited partnership's name: THE WEXFORD LIMITED PARTNERSHIP
2. File number assigned by the Secretary of State: S013852
3. Federal Employer Identification Number (F.E.I.N.): 36-4215942
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:

CT CORPORATION
208 South La Salle Street
Chicago, IL 60604-1136

Cook County, Illinois

LPR302/14/02:01:2036: 25.00 CK01
SOSIL 5013852 FILED 202

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
1. Signature [Signature]
Type or print name and title Hal H. Barber
Senior Vice-President
Name of General Partner if a corporation or
other entity Kimball Hill, Inc. G.P.
(must be in good standing)

BUSINESS ADDRESS
Number/Street 5999 New Wilke Road St 504
City/town Rolling Meadows, IL 60008
State _____ ZIP Code _____

2. Signature _____
Type or print name and title _____
Name of General Partner if a corporation or
other entity _____
(must be in good standing)

Number/Street _____
City/town _____
State _____ ZIP Code _____

3. Signature _____
Type or print name and title _____
Name of General Partner if a corporation or
other entity _____

Number/Street _____
City/town _____
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!