202 CBR404/22/02:01:4190: SOSIL S009967 FILED **UNOFFICIAL C**

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2002-08-06 15:43:17

Cook County Recorder

23.50

Form LP 202 (Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



Return to: Department of **Business Services** Limited Partnership Division Foom 357, Howlett Building Springfield, IL 62756 Tele thene: (217) 785-8960 http://w/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 win 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)

1.	Limited	partnership's name: STAL FAMIL LIMITED PARTNERSHIP					
2.	File nun	nber assigned by the Secretary of State:					
3.	Federal	Employer Identification Number (F.E.I.N.): 36-3990582					
4.	(Check	certificate of limited partnership is amended as follows: eck all applicable changes here and specify them in item 5.) dress changes, P.O. Box alone and c/o are unacceptable)					
	x a)	Admission of a new general partner (give name and business address in item, 5 on reverse).					
	_ <u>x</u> _b)	Withdrawal of a general partner (give name in item 5 on reverse).					
	<u>x</u> c)	c) 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 Act 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).					

Form LP 202

(Rev. Jan. 1999)

	- 11				_
5.	8	Place	item #4	changes	here:

(b) Morris Stal withdraws as a general partner

30 S. Wacker Drive
26th Floor
Chicago, Illinois 60606

Cook County

5 (a) Aaron Stal is admitted as a new general partner. The general partner's address is 1035 Mohawk, Wilmette, IL 60091, 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.

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/Str	BUSINESS A 1035 Mo	DDRESS hawk	
1. Signature	~~~				<u> </u>
Type or print name and title	Morris Stal,	Ci v/t∂wn _	Wilmette		
type or print name and due	General Partner	<u> </u>			
Name of General Partner if a	corporation or	9	T1/4-sta		60091
other entity		_ State	Il/in)is	ZIP Code _	00071
aum		Ni	1055 Mg	ohawk	
2. Signature ————		_ Number/St)	
Type or print name and title _	Aaron Stal,	_ Citv/town -	Wilmette	<u> </u>	
Type or print name and the -	General Partner			<u> </u>	
Name of General Partner if a	corporation or		T112	(C)	60091
other entity		State	Illinois	ZIP Code \	
3. Signature	,	_ Number/St	treet		
_					
Type or print name and title _		_ City/towii .			
Name of General Partner if a	corporation or				
other entity		State		ZIP Code _	
Outor Stricky					

(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!