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Cook County Recorder 26.50

Form LP 202  
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



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75.00 DUE  
02:01:15:45:3  
309IL 0010983 FILED 2002

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

LexisNexis Document Solutions  
135 South LaSalle Street  
Suite 2260  
Chicago, IL 60603

2

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)

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

1. Limited partnership's name: OAK FOREST HORIZON LIMITED PARTNERSHIP
2. File number assigned by the Secretary of State: C010983
3. Federal Employer Identification Number (F.E.I.N.): 36-4474647
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).
  - 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, **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:

4 (f). \$6,204,003

CER411/08/02:21:53:02  
SOSIL C010983 FIL

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

BUSINESS ADDRESS

1. Signature *Joan Carl*

Number/Street 4200 W. Peterson Avenue, Suite 140

Type or print name and title Joan Carl, President

City/town Chicago

Name of General Partner if a corporation or  
other entity Oak Forest Horizon, Inc.

State Illinois ZIP Code 60646

2. Signature \_\_\_\_\_

Number/Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_

City/town \_\_\_\_\_

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

DO NOT SEND CASH!

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