

# UNOFFICIAL COPY

4888/0118 07 001 Page 1 of 2  
2003-01-30 15:02:56  
Cook County Recorder 26.00

Form LP 202  
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



0030143892

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

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.

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)

- 222-15
- LPR301/24/03:01:5239:  
SOSIL S004990 FILED 202  
75.00, JIU
- Limited partnership's name: Kosoh Housing Limited Partnership
  - File number assigned by the Secretary of State: S004990
  - Federal Employer Identification Number (F.E.I.N.): 36-3745260
  - 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).

BOX 170

Form LP 202  
(Rev. Jan. 1999)

LPR301/24/03:01:6239: 75.00 MU  
SOSIL 5004990 FILED 202

5. Place Item #4 changes here:

c) William W. Higginson  
Illinois Equity Fund, Inc.  
1 East Superior St.  
Suite 604  
Chicago, IL 60611  
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

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 [Handwritten Signature]

Number/Street 1 East Superior St. Suite 604

Type or print name and title William W. Higginson

City/town Chicago

President

Name of General Partner if a corporation or  
other entity Investment Management Corporation

State Illinois ZIP Code 60611

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!

BOX 170