

UNOFFICIAL COPY 00382404

Form LP 202  
(Rev. Jan. 1999)

3589/0117 16 001 Page 1 of 4  
2000-05-25 16:20:38  
Cook County Recorder 27.50

Filing Fee \$25

SUBMIT IN DUPLICATE!



LPR305/01/00\*01:4244:  
S05IL S015429 FILED 262  
25.00 CK01

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>

JESSE WHITE  
SECRETARY OF STATE  
STATE OF ILLINOIS

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.

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

1. Limited partnership's name: S. V. M., L. P.
2. File number assigned by the Secretary of State: S015429
3. Federal Employer Identification Number (F.E.I.N.): 36-4511109
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).



LOWIS & GELLEN  
200 W ADAMS ST  
STE 1900  
CHICAGO, IL 60606-5229

5. Place Item #4 changes here:

Registered Agent will be, after change is effected:

Gerald Haberkorn  
Lowis & Gellen  
200 West Adams Street, Suite 1900  
Chicago, Illinois 60606

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 *Marshall Reavis*  
Type or print name and title Marshall Reavis,  
President

Number/Street 4825 N. Scott St., Suite 100  
City/town Schiller Park

Name of General Partner if a corporation or  
other entity Mijilem & Company, Incorp.

State Illinois ZIP Code 60176

2. Signature \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

Number/Street \_\_\_\_\_  
City/town \_\_\_\_\_

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

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

3. Signature \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

Number/Street \_\_\_\_\_  
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.)

WALSH & WOODS  
12 CANADA WOODS

DO NOT SEND CASH

00382404

# UNOFFICIAL COPY

Form LR 103 (a)  
(Rev. Jan. 1999)

Filing Fee \$5

SUBMIT IN DUPLICATE!

LPR305/01/00:01:4250:  
SOSIL S015429 FILED 103  
5.00 CKD01

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.

JESSE WHITE  
SECRETARY OF STATE  
STATE OF ILLINOIS

## RESIGNATION OF REGISTERED AGENT (Illinois or foreign limited partnership)

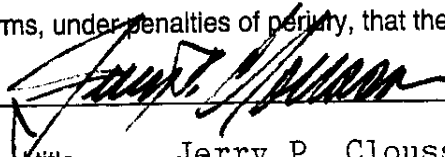
- Limited partnership's name: S.V.M., L.P.
- The address, including county, of the principal office of the limited partnership, as such is known to the registered agent is: (Post Office Box alone and c/o are unacceptable) 4825 N. Scott St., Suite 218  
Schiller Park, Illinois  
Cook County
- File number assigned by the Secretary of State: S015429
- Federal Employer Identification Number (F.E.I.N.): 36-4311109
- The limited partnership's registered agent's name and registered office address is:
 

Registered Agent:	<u>Jerry</u>	<u>P.</u>	<u>Clousson</u>
	First name	Middle name	Last name
Registered Office:	<u>200 West Adams</u>	<u>Street</u>	<u>1900</u>
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Chicago</u>	<u>Cook</u>	<u>60606</u>
	City	County	ZIP Code
- The registered agent resigns, effective on: 04/15/2000, which is not less than 30 days after the date of filing this form.  
(month, day, year)
- A copy of this notice has been sent to the principal office of the limited partnership at least 10 days prior to the date of its filing with the Secretary of State.  
 YES date sent: 03/06/00  NO

00382404

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Signature



Type or print name and title

Jerry P. Clousson, Registered Agent

Name of General Partner if a corporation or other entity

Mijilem & Company, Inc.

(Signature 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!**

**RETURN TO:**

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Property of Cook County Clerk's Office

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