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Form LP 202
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 04/24/2003 02:15 PM Pg: 1 of 2

LPR304/11/03:01:9529: 25.00 OK01
SOSIL 0011065 FILED 202

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)

1. Limited partnership's name: Madden Wells Phase IA Associates Limited Partnership
2. File number assigned by the Secretary of State: COF 1065 / (C 011065)
3. Federal Employer Identification Number (F.E.I.N.): 01-0614658
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:

(c) **New Registered Agent:**
Jim Rushford, Staff Attorney
The Community Builders, Inc.
One North LaSalle
Suite 1200
Chicago, IL 60602

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Cook City

(d) **New Office Address:**
One North LaSalle
Suite 1200
Chicago, IL 60602
Cook County

e)

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 <u><i>[Signature]</i></u>	Number/Street <u>One North LaSalle Ste. 1200</u>
Type or print name and title <u>Susan McCann, Vice President</u>	City/town <u>Chicago</u>
<u>of The Community Builders</u>	
Name of General Partner if a corporation or other entity <u>Madden Wells Phase 1A Associates, LLC</u>	State <u>Illinois</u> ZIP Code <u>60602</u>
<u>By: The Community Builders, Inc. (Member)</u>	
2. Signature <u><i>[Signature]</i></u>	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!