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Form LP1108C (Rev. Jan. 2001) FILING DELANGE SEFICIAL COPY \$15 FILING FEE

Submit Typed Duplicate



Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 05/23/2003 11:53 AM Pg: 1 of 2

DO NOT SEND CASH!

SECRETARY OF STATE - STATE OF ILLINOIS LIMITED PARTNERSHIP BIENNIAL RENEWAL REPORT

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, PLEASE USE AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN).

Registered Agent name and Registered Agent's office address.

JACQUELINE D BUTLER 5999 NEW WILKE ROAD; STE 504 ROLLING MEADOWS IL 60008

Cook County

Limited Partnership Name: FISHER FARMS FOURTH LIMITED PARTNERSHIP

Secretary of Stale's Assigned File Number: S017844
Federal Employer Mentification Number: 364443053
State of Jurisdiction: Illinois If Foreign attach a current Certificate of Good Standing

Address of office where reco ds required by Section 104 (Illinois) or Section 902 (Foreign) are kept: 5999 NEW WILKE ROAD; STF 504 Cook County ROLLING MEADOWS IL 60008

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

Renewal report must be signed by a general partner.

(a).

RETURN TO:
Secretary of State
Department of Business Services
Limited Partnership Division
Room 357 Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960 Renewal report must be signed by a general partner.

Secretary of State Department of Business Ser Limited Partnership Division Room 357 Howlett Building Kimball Hill Development Company

(Name of General Partner if a corporation or cher entity) (Signature must be in black ink on an originar focument. Carbon copy, photo copy or rubber stamp signature may only be used on conformed copies).

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. (Form LIMPRT - Rev. 10/04/2002)

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Form LP 202 (Rev. May 2000) Filing Fee \$25

SUBMIT IN DUPLICATE!

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

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

Eugene "Gene" Moure Fee: \$26.50 Cook County F.ec. rder of Deeds Date: 05/23/2000/11:54 AM Pg: 1 of 2

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

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

 Limited partnership's name: <u>Fisher Farms Fourth Limited Partnership</u> 	rtnershi

- File number assigned by the Secretary of State: S017844
- 364443053 з. Federal Employer Identification Number (F.E.I.N.):
- 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 is 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).
 - x _ c) Change of registered agent and/or registered agent's office (give new name and address, **including county** on item 5 on reverse).
 - Change in the address of the office at which the records required by Section 201 of the Act are kept (give new address 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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UNOFFICIAL COPY

JACQUELINE D BUTLER 5999 NEW WILKE ROAD; STE 504 ROLLING MEADOWS IL 60008

Cook County

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			04 C
Form LP 202 (Rev. May 2000)			0

5. Place Item #4 changes here:

LFR804/08/08:01:9279: 25.00 MU CT Corporation System S0S1L S017844 FILED 202 208 South LaSalle Street Chicago, Illinois 60604

Cook County

If additional space is needed for item 4, it must be continued in the same format on a plain while 8 $1/2 \times 11$ 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.

1. Signature Let Convelley	BUSINESS ADDRESS Number/Street 5999 North Wilke Road, Ste. 504		
Type or print name and title Eileen Connelly σ Assistant Secretary	City/town Rolling Me	eadows	
Name of General Partner if a corporation or			
other entity Kimball Hill Development Company (must be in good standing)	State IL	ZIP Code 60008	
2. Signature	Number/Street		
Type or print name and title	·		
Name of General Partner if a corporation or	<u> </u>		
other entity(must be in good standing)	State	ZIP Code	
3. Signature	Number/Street		
Type or print name and title	-		
Name of General Partner if a corporation or			
other entity	State	ZIP Code	
(Signatures must be in BLACK INK on an original document	Carbon conv. photoconv.or.rui	bber stamp signatures may only	

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)