LPR304/03/03:01:9279: 25.00 M SOSIL SO17844 FILED 302

For a JP 2020 FFICIAL COPY (Rev. May 2000)

Filing Fee \$25

SUBMIT IN DUPLICATE!

Return to: Department of 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 filing will be sent to the registered arient of the limited partnership valess a self-addressed envelope with pre-paid postage is included.



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

| 1. | Limited | partnership's name: <u>Fisher Farms Fourth Limited Partnership</u> . | | |
|----|--|---|--|--|
| • | . File number assigned by the Secretary of State: S017844 | | | |
| | 0, | | | |
| 3. | Federal Employer Identification Number (F.E.I.N.): 364,42053 | | | |
| 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 is unacceptable) | | | |
| | a) | Admission of a new general partner (give name and business address in item 5 on reverse). | | |
| | | 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 first 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). | | | |
| | IJ- | Other (give information in item 5 on reverse). | | |



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Form LP 202 (Rev. May 2000)

Place Item #4 changes here:

Λ

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CT Corporation System 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 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 mus be signed by a general partner, all new general partners and at least one withdrawing general partner.

| 1. Signature Charley 2 | BUSINESS ADDRESS Number/Street 5999 North Wilke Road, Ste. 504 |
|--|--|
| Type or print name and title <u>Eileen Connelly</u> Assistant Secretary | Civ/town Rolling Meadows |
| Name of General Partner if a corporation or | |
| other entity Kimball Hill Development Company (must be in good standing) | State ZIP Code 60008 |
| 2. Signature | Number/Street |
| Type or print name and title | City/town — |
| Name of General Partner if a corporation or | C |
| other entity (must be in good standing) | 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!