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R306/09/03:01:1777: JSIL 0003530 FILED 202

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Form LP 202 (Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds Date: 06/13/2003 02:38 PM Pg: 1 of 2

Return to: Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, IL 62756 1e'ephone: (217) 785-8960 http://www.sos.state.il.us.

All correspondence regarding this filing will be sent to the registered each* 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)

. Limited partnership's name: Illinois Self Storage Centers III, L.P.				
•	Limited partnership's name: IIIIIIIII Dell' Dell			
2.	File number assigned by the Secretary of State: C003539			
3.	Federal Employer Identification Number (F.E.I.N.): 36–3926112			
\$.	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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Place Item #4 changes here:

The correct F.E.I.N for this limited partnership is: 36 3926110

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If additional space is net ded 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 mult be signed by a general partner, all new general partners and at least one withdrawing general partner.

1. Signature SIGNATURE AND NAME	BUSINESS ADDRESS Number/Street 800 Frontage Road	
Type or print name and title Robert A. Soudan President of the General Partner	City/townNorthfield	
Name of General Partner if a corporation or other entity Illinois Self Storage Centers III Corp.	State <u>Il'ingis</u>	ZIP Code 60093
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!