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Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 07/17/2003 11:44 AM Pg: 1 of 2

Form LP 905
(Rev. May 2000)

Filing Fee \$25

SUBMIT IN DUPLICATE!

LPR306/30/03:01:2698:
S051L 5004295 FILED 905
25.00 CHD1

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

CERTIFICATE OF AMENDMENT
TO THE APPLICATION FOR ADMISSION
(foreign limited partnership)

1. Limited partnership's name: LA QUINTA DEVELOPMENT PARTNERS, L.P.
2. File number assigned by the Secretary of State: S004295
3. Federal Employer Identification Number (F.E.I.N.): 742564113
4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:

5. The application for admission to transact business is amended as follows:
(Check **all** applicable changes here and specify them in item 6.)
(Address changes - P.O. Box is unacceptable)
 - a) Admission of a new general partner (give name and business address in item 6 on reverse).
 - b) Withdrawal of a general partner (give name in item 6 on reverse).
 - c) Change of registered agent and/or registered agent's office (give new name and address, **including county** in item 6 on reverse).
 - d) Change in the address of the office at which the records required by Section 902 of the Act are kept (give new address in item 6 on reverse).
 - e) Change in the general partners name and/or business address (give name and new address in item 6 on reverse).
 - f) Change in limited partnership's name (give new name in item 6 on reverse).
 - g) Change in date of dissolution (give new date in item 6 on reverse).
 - h) Other (give information in item 6 on reverse).

(over)

072617-552 (mm)

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SOSIL 5004295 FILED 905

6. Place item #5 changes here:

The name and address of the registered agent is hereby amended or corrected to read as follows: Illinois Corporation Service Company, 700 South Second Street, Springfield, IL 62704, Sangamon County.

If additional space is needed, 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.

7. 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>Patricia Pizzuto</u>	Street <u>Suite 600, 909 Hidden Ridge</u>
Type or print name and title <u>Patricia Pizzuto</u> <u>Secretary</u>	City/town <u>Irving, TX 75038</u>
Name of General Partner if a corporation or other entity <u>Meditrust Corporation</u>	State _____ ZIP Code _____
2. Signature _____	Street _____
Type or print name and title _____	City/town _____
Name of General Partner if a corporation or other entity _____	State _____ ZIP Code _____
3. Signature _____	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.)

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Section
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960
<http://www.sos.state.il.us>

DO NOT SEND CASH!