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LPR311/18/63:01:5850: 50.00 http://doi.org/10.00

Form LP 905 (Rev. July 2003)

Filing Fee \$50

SUBMIT IN DUPLICATE!



Doc#: 0332927143

Eugene "Gene" Moore Fee: \$26.50

Cook County Recorder of Deeds

Date: 11/25/2003 03:11 PM Pg: 1 of 2

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope winder-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: Bash Partners, I.P.	
	File number assigned by the Secretary of State: S018251		
	36-4476037		
3.	. Federal Employer Identification (d. E.s. (f. E.s. (f.).		
4.	Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:		
5.	(Check	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).	
	<u>√</u> b)	Withdrawal of a general partner (give name in item 6 on reverse).	
	<u>√</u> 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)	

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http://www.ilsos.net

6. Place item #5 changes here:

b) Bert N. Loebmann

c) Sandra R. Loebmann, 4009 Chester Drive, Glenview, Illinois 60025, Cook 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) & BUSINI:SS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under renalties 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 Stander R. Loedmann	Street 4009 Chester Drive		
Type or print name and title Sandra R. Loebmann General Partner	City/town Glenview		
Name of General Partner if a corporation or			
other entity	State Illinois ZIP Code 60025		
2. Signature	/ X		
Type or print name and title	City/town		
Name of General Partner if a corporation or			
other entity	State ZIP Code		
3. Signature			
Type or print name and title			
Name of General Partner if a corporation or			
other entity	State ZIP Code		
(Signatures must be in <u>BLACK INK</u> 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	SCHATUBLEY ROSS (LITERO) SCHATUBLEY ROSS (LITERO) CHICAGO ILLOGO) OT SEND CASH!		