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## **UNOFFICIAL COPY**

Form LP 202 (Rev. July 2003)

Filing Fee \$50

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Doc#: 0406831069

Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 03/08/2004 10:21 AM Pg: 1 of 2

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

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
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

(Please type or print clearly)

1.	Limited partnership's name: Oanch Ginely Timeted Oartnership
2.	File number assigned by the Secretary of State: 50/0700
3.	Federal Employer Identification Number (F.E.I.N.): 312-406165
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)
	(give name and business address in iten 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. <b>Including county</b> or 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 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).  John Janis existing General Fartner

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0406831069 Page: 2 of 2

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Form LP 202 (Rev. July 2003)

**58831.2584.03001F:888**8: 202 50.00 No

ZIP Code Lo Clast 6

ZIP Code 66656

5. Place Item #4 changes here:		
added (3) three general farther		
andded (3) three general for Catherine, o		
a of Orach Subanical Catherine a		
angela funda		
Angela Janes 8060 W Catherine Synn Janes Morwood Ph Timp Il		
10656		
Joseph James /		
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 ADUFESS(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.		
8060W Catherine 00		
SIGNATURE AND NAME BUSINESS ADDRESS TURES		
1. Signature Number/Street 30/000 Calling		
Type or print name and title 6 ENERHI City town 2000 and 16 Imp I		
PARTNER.		
Name of General Partner if a corporation or		
other entity Quark Tomal Tantanaka State ZIP Code & 0 656		
(must be in good standing)		
$\sigma = \frac{1}{2} m \Omega + \frac{1}{2} m \Omega$		
2. Signature Number/Street 86 12 '11 Contragione		
Type or print name and title LENERHL City/town Manual Patrick		
Type or print name and title GENERHL City/town Mount of the supplemental city/town		

Type or print name and title <u>CENENTL</u> City/town <u>Manual Company</u>

City/town <u>City/town</u>

C

Number/Street

K FRMILY PARTNERSHIP State (must be in good standing)

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

PARTNERSHIP State

DO NOT SEND CASH!

Name of General Partner if a corporation or

3. Signature