

UNOFFICIAL COPY

Form LP 202

(Rev. May 2000)

JULY 2003
Filing Fee \$25
\$30.00



Doc#: 0502639060
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 01/26/2005 11:37 AM Pg: 1 of 2

SUBMIT IN DUPLICATE!

LPR306/08/04:01:6865:
SOSIL 5001250 FILED 202
50.00 MU

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 regard-
ing 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: Sachmann Haisted Medical Building
2. File number assigned by the Secretary of State: 500 1250
3. Federal Employer Identification Number (F.E.I.N.): 3251879
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).
 - 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 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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LPR306/08/04 01:58:53
SDSTL S001250 FILED 2007

5. Place Item #4 changes here:

Bruce R. Bachmann
750 N. RUSH Street, Suite 400
Chicago, IL 60611
Tel: 312.329.1234

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 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><i>Bruce R. Bachmann</i></u>	Number/Street <u>750 N. Rush Street</u>
Type or print name and title <u>Bruce R. Bachmann</u>	City/Town <u>Chicago</u>
Name of General Partner if a corporation or other entity _____	State _____ ZIP Code <u>60611</u>
(must be in good standing)	
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 _____
(must be in good standing)	
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 _____
(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.)

DO NOT SEND CASH!