

Form LP 202 January 2005

Filing Fee: \$50

Submit in duplicate. Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to Secretary of State.
Please do not send cash.

Department of Business Services
Limited Partnership Division
357 Howlett Building
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.



Doc#: 0503839089
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 02/07/2005 11:30 AM Pg: 1 of 2

LPR302/02/05:01:6443: 150.00
SOSIL C009625 FILED 202

Illinois Secretary of State Department of Business Services Certificate of Amendment to the Certificate of Limited Partnership (Illinois Limited Partnership or LLLP)

Please type or print clearly.

- Limited Partnership name: Guthrie Partners, L.P.
- File number assigned by Secretary of State: C009625
- Federal Employer Identification Number (F.E.I.N.): 36-4165191
- The Certificate of Limited Partnership is amended as follows:
(Check applicable changes and specify in item 5. For address changes, P.O. Box alone is unacceptable.)
 - a) Admission of a new General Partner (give name and business address in item 5).
 - b) Withdrawal of a General Partner (give name in item 5).
 - c) Change of Registered Agent and/or Registered Agent's office (give new name and address, including county in item 5).
 - d) Change in address of office at which the records required by Section 201 of the Act are kept (give new address in item 5).
 - e) Change in General Partner's name and/or business address (give new name and address in item 5).
 - f) Change in partner's total aggregate contribution amount (give new dollar amount in item 5).
 - g) Change in Limited Partnership's name (give new name in item 5).
 - h) Change in date of dissolution (give new date in item 5).
 - i) Other (give information in item 5).
 - j) Dissociation of General Partner (give name in item 5).
- Item #4 changes (For additional space, continue on next page.)

a) <u>William S. Guthrie, 614 Melrose Avenue,</u>	f) _____
b) _____	g) _____
c) _____	h) _____
d) _____	i) _____
e) _____	j) _____

RECORDING DESK
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Form LP 202

5. Item #4 changes (cont.)

5a) Kenilworth, IL 60043

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Names and Business Addresses of all General Partners

1. *W. M. Guthrie*
Signature
William M. Guthrie, General Partner
Name and Title (type or print)

2. *Kathryn L. Guthrie*
Signature
Kathryn L. Guthrie, General Partner
Name and Title (type or print)

General Partner Name if corporation or other entity (must be in good standing)
435 N. Sheridan Road
Street Address
Winnetka, IL 60093
City, State, ZIP

General Partner Name if corporation or other entity (must be in good standing)
435 N. Sheridan Road
Street Address
Winnetka, IL 60093
City, State, ZIP

3. *William S. Guthrie*
Signature
William S. Guthrie, General Partner
Name and Title (type or print)

4. _____
Signature
Name and Title (type or print)

General Partner Name if corporation or other entity (must be in good standing)
614 Melrose Avenue
Street Address
Kenilworth, IL 60043
City, State, ZIP

General Partner Name if corporation or other entity (must be in good standing)

Street Address

City, State, ZIP

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**

**RECORDING DESK
BOX 170**