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Eugene "Gene" Moore Fee: \$26.00  
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Date: 03/11/2005 08:37 AM Pg: 1 of 2

LPR302/03/05:01:6456: 150.00  
S05IL S002248 FILED 202

## 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  
217-735-8960  
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.

## 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: KAISER LOFTRIUM LIMITED PARTNESHIP
- File number assigned by Secretary of State: S0022248
- Federal Employer Identification Number (F.E.I.N.): 36-3622445
- 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) _____	f) _____
b) _____	g) _____
c) _____	h) _____
d) <u>70 East Lake Street, Ste. 1600, Chicago, IL 60601</u>	i) _____
e) <u>70 East Lake Street, Ste. 1600, Chicago, IL 60601</u>	j) _____

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5. Item #4 changes (cont.)

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### Names and Business Addresses of all General Partners

<p>1.  _____          Signature</p> <p>Walter Kaiser, Secretary to General Partner          Name and Title (type or print)</p> <p>Kaiser Loftum Corp.          General Partner Name if corporation or other entity (must be in good standing)</p> <p>70 East Lake Street, Ste. 1600          Street Address</p> <p>Chicago, IL 60601          City, State, ZIP</p>	<p>2. _____          Signature</p> <p>_____          Name and Title (type or print)</p> <p>_____          General Partner Name if corporation or other entity (must be in good standing)</p> <p>_____          Street Address</p> <p>_____          City, State, ZIP</p>
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<p>3. _____          Signature</p> <p>_____          Name and Title (type or print)</p> <p>_____          General Partner Name if corporation or other entity (must be in good standing)</p> <p>_____          Street Address</p> <p>_____          City, State, ZIP</p>	<p>4. _____          Signature</p> <p>_____          Name and Title (type or print)</p> <p>_____          General Partner Name if corporation or other entity (must be in good standing)</p> <p>_____          Street Address</p> <p>_____          City, State, ZIP</p>
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**Signatures must be in black ink on an original document.  
Carbon copy, photocopy or rubber stamp signatures  
may only be used on conformed copies.**