



DO NOT STAPLE

**Form LP 202  
January 2005**

Doc#: 0520718070  
Eugene "Gene" Moore Fee: \$26.50  
Cook County Recorder of Deeds  
Date: 07/26/2005 12:16 PM Pg: 1 of 2

DATE 7-28-05 FEE 50.00  
SOSIL FILE NO. C 007952  
FILED BY: WJD

**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.

**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.

1. Limited Partnership Name: Mann Investment Partners, L.P.
2. File Number assigned by Secretary of State: C007952
3. Federal Employer Identification Number (F.E.I.N.): 36-3957338
4. 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 203 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)
5. Item #4 changes (For additional space, continue on next page.):
  - a) Admission of a new General Partner

James M. Mann  
3643 Maple Avenue  
Northbrook, IL 60062

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5. Item #4 changes (cont.)

b) Withdrawal of General Partner:

Clarence Mann, Trustee  
Clarence Mann Trust, dated 11/6/90

Bernice Mann, Trustee  
Clarence Mann Trust, dated 11/6/90

### Names and Business Addresses of General Partners

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. As per Section 204, Article 2, of the Uniform Limited Partnership Act of 2005, the following signatures are required:

- at least one General Partner on record,
- all new General Partners,
- all Dissociated and withdrawing General Partners.

If adding or deleting a statement that this Limited Partnership is a Limited Liability Limited Partnership, all General Partners on record must sign.

<p>1. <u>Clarence Mann</u> Signature</p> <p><u>Clarence Mann, Trustee</u> Name and Title (type or print)</p> <p><u>Clarence Mann Trust, dated 11/6/90</u> General Partner Name if corporation or other entity (must be in good standing)</p> <p><u>8700 N. Waukegan Road, Ste 222</u> Street Address</p> <p><u>Morton Grove, IL 60053</u> City, State, ZIP</p>	<p>2. <u>James M. Mann</u> Signature</p> <p><u>James M. Mann General Partner</u> Name and Title (type or print)</p> <p><u>General Partner Name if corporation or other entity (must be in good standing)</u></p> <p><u>3643 Maple Avenue</u> Street Address</p> <p><u>Northbrook, IL 60062</u> City, State, ZIP</p>
<p>3. <u>Bernice Mann</u> Signature</p> <p><u>Bernice Mann, Trustee</u> Name and Title (type or print)</p> <p><u>Clarence Mann Trust, dated 11/6/90</u> General Partner Name if corporation or other entity (must be in good standing)</p> <p><u>8700 N. Waukegan Road, Ste 222</u> Street Address</p> <p><u>Morton Grove, IL 60053</u> 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>

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