

# UNOFFICIAL COPY

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Form LP 202  
January 2005



Doc#: 0609745069 Fee: \$26.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 04/07/2006 01:09 PM Pg: 1 of 2

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  
337 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)**

DATE 3-16-06 FEE 150.00  
SOS FILE NO. C001266  
FILED EXPEDITED BY: HMB

Please type or print clearly.

- Limited Partnership Name: Exoho Associates Limited Partnership
- File Number assigned by Secretary of State: C001266
- Federal Employer Identification Number (F.E.I.N.): 36-3526474
- 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 104 or 111 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 (only for Limited Partnerships registered in 2005 and later; give name in item 5)
- Item #4 changes (For additional space, continue on next page.):
  - c) Intrastate Registered Agent Corporation  
131 S. Dearborn Street, 30th Fl.  
Chicago, Cook County, IL 60603

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5. Item #4 changes (cont.)

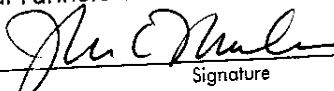
e) Change in General Partner's business address:  
1 E. Wacker Drive, Suite 3600, Chicago, Cook County, IL 60601

### Names and Business Addresses of General Partners

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. 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></u> _____ Signature</p> <p><u>John L. Marks, President</u> _____ Name and Title (type or print)</p> <p><u>Mark IV Realty, Inc., General Partner</u> _____ General Partner Name if corporation or other entity (must be in good standing)</p> <p><u>1 E. Wacker Dr, Suite 3600</u> _____ Street Address</p> <p><u>Chicago IL 60601</u> _____ 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>
<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>

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

**RETURN TO  
LOCK BOX 266**