## DO NOT STAPLE

# UNOFFICIAL

L FILE NO. B 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 277-785-8960 www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Par ne ship unless a selfaddressed, stamped envelope is included.

Doc#: 0714457205 Fee: \$26.50

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 05/24/2007 12:02 PM Pg: 1 of 2

**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: CEF 1992 Limited Partnership 2. File Number assigned by Secretary of State: C007140 3. Federal Employer Identification Number (F.E.I.N.): 36-3860055 4. The Certificate of Limited Partnership is amended as follows: (Check applicable changes and specify in item 5. For address change, 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 171 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 adhiess 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) Dissociation of General Partner (only for Limited Partnerships registered in 2005 and later; give □ j) name in item 5)
- 5. Item #4 changes (For additional space, continue on next page.):
  - c) Peter C. Quigley c/o Community Reinvestment Fund 850 W. Jackson Blvd., Suite 825 Chicago IL 60607 Cook County

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### Form LP 202

- 5. Item #4 changes (cont.)
- d) c/o Peter C. Quigley
- + Community Reinvestment Fund
- e) 850 W. Jackson Blvd., Suite 825 Chicago IL 60607 Cook County

### Names and Business Addresses of General Partners

The undersigned at firms, under penalties of perjury, that the facts stated herein are true. The following signatures are required:

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

If o	adding or deleting a statem and that this Limited Partne eneral Partneys of record must s.gr.	ers	ship is a Limited Liability Limited Partnership, all
1.	Signature Peter C. Quigley, Secretary of General Partne	2.	- Signature
	Name and Title (type or print) Chicago Equity Fund, Inc.		Name and Title (type or print)
	General Partner Name if corporation or other entity (must be in good standing)	C	General Partner Name if corporation or other entity (must be in good standing)
	Street Address		Street Address
3.	City, State, ZIP	,	City, State, ZIP
Э.	Signature	4.	Signature
	Name and Title (type or print)		Name and Title (.ype or print)
	General Partner Name if corporation or other entity (must be in good standing)		General Partner Name if corporation or other unity (must be in good standing)
	Street Address		Street Address
	City, State, ZIP		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.