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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 w...w.cyberdriveillinois.com

Correspondence regarding this filing will be seri to the registered agent of the Limited Partnership unless a selfaddressed, stummed envelope is included.



Doc#: 0714457212 Fee: \$26.50

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 05/24/2007 12:03 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 1990 Limited Partnership 2. File Number assigned by Secretary of State: C005989. 3. Federal Employer Identification Number (F.E.I.N.): 36-3755047 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) 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 V (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) Change in Partner's total aggregate contribution amount (give new dollar amount in item 5) a 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) Other (give information in item 5) Dissociation of General Partner (only for Limited Partnerships registered in 2005 and later; give 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 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 Pc tners,
- all Dissociated and with rawing General Partners.

If adding or deleting a statement that this Limited Partnership is a Limited Liability Limited Partnership, all General Party of focold must sign Peter C. Quigley, Secretary of General Partner Name and Vitle (type or print) Name and Title (type or print) Chicago Equity Fund, Inc. General Partner Name if corporation or other entity (nyest be in good standing) General Partner Name if corporation or other entity (must be in good standing) Street Address Street Address City, State, ZIP City, State, ZIP 3. Signature Name and Title (type or print) Name and Title (the or print) General Partner Name if corporation or other entity (must be in good standing) General Partner Name if corporation or other entry (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.