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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 www.berdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamper' envelope is included.



Doc#: 0719847040 Fee: \$26.50

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 07/17/2007 09:04 AM 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.

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- 1. Limited Partnership Name: Shannon Court Limited Partnership 2. File Number assigned by Secretary of State: S017272 3. Federal Employer Identification Number (F.E.I.N.): 36-44035/9 4. The Certificate of Limited Partnership is amended as follows: (Check applicable changes and specify in item 5. For address changes, PO. 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 ran e 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 address in item 5) f) Change in Partner's total aggregate contribution amount (give new dollar amount in item 5) a) 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) i) 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.):
 - 4(c) Registered office is changed to 1051 Perimeter Drive, Suite 550, Schaumburg, IL 60173, Cook County (Registered Agent is still John H. Cox)
 - (d) Office at which records are kept is changed to 1051 Perimeter Drive, Suite 550, Schaumburg, IL 60173, Cook County

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Form LP 202

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5. Item #4 changes (cont.)

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:

If adding or deleting a statement that this Limited Partnership is a Limited Liability Limited Partnership, all

- at least one General Partner on record,
- all new General Pariners,
- all Dissociated and with arc wing General Partners.

City, State, ZIP

G	eneral Partners on record must sig 1.		
1.	Signature	2.	Signature
	John H. Cox, Pres. Financial Equity Associates, inc.		
	Name and Title (type or print)		Name and Title (type or print)
	General Partner Name if corporation or other entity (must be in good standing)		General Partner Name if corporation or other entity (must be in good standing
	Northbrook Street Address Slb0062		Street Address
2	City, State, ZIP	4	City, State, ZIP
٥.	Signature		Signature
	Name and Title (type or print)		Name and Title (1992 or print)
	General Partner Name if corporation or other entity (must be in good standing)		General Partner Name if corporation or other, er ity (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.