



Filing Fee \$25

SUBMIT IN DUPLICATE!

LPR311/13/98:01:1920:
SUSIL 0003636 FILED 202
25.00 MU

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN
SECRETARY OF STATE
— STATE OF ILLINOIS

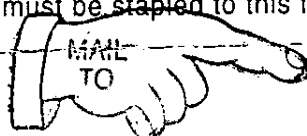
CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

- Limited partnership's name: West Side Properties No. 1 Limited Partnership
- File number assigned by the Secretary of State: 0003636
- Federal Employer Identification Number (F.E.I.N.): 36-3438413
- The certificate of limited partnership is amended as follows:
(Check all applicable changes)
(Address changes P.O. Box alone and c/o are unacceptable)
 - a) Admission of a new general partner (give name and business address below).
 - b) Withdrawal of a general partner (give name below).
 - c) Change of registered agent and/or registered agent's office (give new name and address, including county below).
 - d) Change in the address of the office at which the records required by Section 201 of the Act are kept (give new address, including county below).
 - e) Change in the general partners name and/or business address (give name and new address below).
 - f) Change in the partners' total aggregate contribution amount (give new dollar amount below).
 - g) Change in limited partnership's name (give new name below).
 - h) Change in date of dissolution (give new date below).
 - i) Other (give information below).

d.) New Address: 134 North LaSalle Street
Suite 1614
Chicago, IL 60601
Cook County

If additional space is needed, it must be continued on the reverse side and/or in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

C LP-9.5



MAIL TO
Gould & Ratner
222 North LaSalle Street
Suite 800
Chicago, Illinois 60601-1086

UNOFFICIAL COPY

5. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.



SIGNATURE AND NAME

BUSINESS ADDRESS

1. Signature _____

Number/Street 134 North LaSalle Street, Ste. 1614

Type or print name and title _____

City/town Chicago

Joseph Beale, Manager

Name of General Partner if a corporation or

other entity CLIP L.L.C., General Partner

State IL ZIP Code 60601

2. Signature _____

Number/Street _____

Type or print name and title _____

City/town _____

Name of General Partner if a corporation or

other entity _____

State _____ ZIP Code _____

3. Signature _____

Number/Street _____

Type or print name and title _____

City/town _____

Name of General Partner if a corporation or

other entity _____

State _____ ZIP Code _____

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

FORMS OF PAYMENT:

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."

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

DO NOT SEND CASH!