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09067347

Filing Fee \$25

SUBMIT IN DUPLICATE!



LPR310/27/99:01:6379:  
SOSIL 0006464 FILED 202

Return to: Department of  
Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, IL 62756  
Telephone: (217) 785-8960  
<http://www.sos.state.il.us>

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

JESSE WHITE  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)  
(Please type or print clearly)

- Limited partnership's name: Hampton Plaza Health Care Center Real Estate Limited Partnership
- File number assigned by the Secretary of State: 0006464
- Federal Employer Identification Number (F.E.I.N.): 363769296

4. The certificate of limited partnership is amended as follows:  
(Check all applicable changes here and specify them in item 5.)  
(Address changes, P.O. Box alone and c/o are unacceptable)

- a) Admission of a new general partner (give name and business address in item 5 on reverse).
- b) Withdrawal of a general partner (give name in item 5 on reverse).
- c) Change of registered agent and/or registered agent's office (give new name and address, including county on item 5 on reverse).
- 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, in item 5 on reverse).
- e) Change in the general partners name and/or business address (give name and new address in item 5 on reverse).
- f) Change in the partners' total aggregate contribution amount (give new dollar amount in item 5 on reverse).
- g) Change in limited partnership's name (give new name in item 5 on reverse).
- h) Change in date of dissolution (give new date in item 5 on reverse).
- i) Other (give information in item 5 on reverse).

RETURN TO BOX 57  
ATTENTION: R. SLAGER

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Form LP 202  
(Rev. Jan. 1999)

09067347

5. Place Item #4 changes here:

Judith S. Sherwin  
401 N. Michigan Avenue  
Suite 1900  
Chicago, IL 60611



If additional space is needed for item 4, it must be continued in the same format on a plain white 8 1/2 x 11 sheet, which must be stapled to this form.

## 6. 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	<u><i>Burton W. Behr</i></u>	Number/Street	<u>9777 N. Greenwood</u>
Type or print name and title	<u>Burton W. Behr, President</u>	City/Town	<u>Niles</u>
Name of General Partner if a corporation or other entity	<u>JOSH L., INC.</u>	State	<u>IL</u> ZIP Code <u>60648</u>
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.)

**DO NOT SEND CASH!**