

# UNOFFICIAL COPY

Form LP-202  
(Rev. Jan. 1999)



09078329

Filing Fee \$25

SUBMIT IN DUPLICATE!

LPR310/19/99:01:5938: 25.00 CND1  
SOSIL 0006002 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.

DEPT-01 RECORDING \$25.50  
T#0011 TRAN 7427 11/17/99 10:13:00  
#6661 # TB # - 09 - 078329  
COOK COUNTY RECORDER

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)

1. Limited partnership's name: 2930 NORTH SHERIDAN APARTMENTS, AN ILLINOIS LIMITED PARTNERSHIP
2. File number assigned by the Secretary of State: C006002
3. Federal Employer Identification Number (F.E.I.N.): 762805140
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).

SY  
PS  
N -  
MY  
JHMDR

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5. Place Item #4 changes here:

a) Admission of new general partner:

Marshall Tarre Revocable Living Trust u/a/d 11/10/77, as amended and restated.

b) Withdrawal of general partners:

Theodore Kromelow  
Marshall Tarre

e) Change in general partner's name:

Kromelow & Tarre, Inc., a general partner, has changed its name to K&T Management, Ltd.

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.

<p>1. Signature <u><i>Marshall Tarre</i></u>          Type or print name and title <u>Marshall Tarre,</u>  <u>withdrawing general partner</u>          Name of General Partner if a corporation or          other entity _____</p>	<p><b>SIGNATURE AND NAME</b></p> <p><b>BUSINESS ADDRESS</b>          Number/Street <u>2930 N. Sheridan Rd.</u>          City/town <u>Chicago</u>          State <u>Illinois</u> ZIP Code <u>60657</u></p>
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<p>2. Signature <u><i>Marshall Tarre</i></u>          Type or print name and title <u>Marshall Tarre,</u>  <u>Co-Trustee</u>          Name of General Partner if a corporation or          other entity <u>Marshall Tarre Revocable Living Trust</u>  <u>u/a/d 11/10/77</u></p>	<p><b>SIGNATURE AND NAME</b></p> <p><b>BUSINESS ADDRESS</b>          Number/Street <u>2930 N. Sheridan Rd.</u>          City/town <u>Chicago</u>          State <u>Illinois</u> ZIP Code <u>60657</u></p>
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<p>3. Signature _____          Type or print name and title _____          Name of General Partner if a corporation or          other entity _____</p>	<p>Number/Street _____          City/town _____          State _____ ZIP Code _____</p>
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(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!**

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STATEMENT OF TRUST SOSIL 0006002 FILED 202

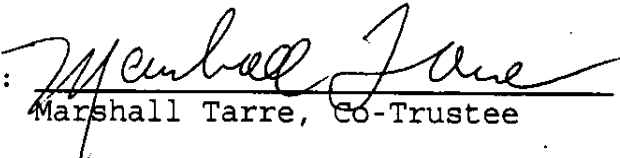
This statement is issued to certify and authenticate the fact that the Marshall Tarre Revocable Living Trust u/a/d November 10, 1977, as amended and Restated, formed on November 10, 1977, is currently in full force and effect.

That Marshall Tarre is a Co-Trustee of said Trust, located at 2930 N. Sheridan Road, Chicago, Illinois 60657.

IN WITNESS WHEREOF, the undersigned Trustee has executed this certificate this 5<sup>th</sup> day of October, 1999.

MARSHALL TARRE REVOCABLE TRUST

By:

  
Marshall Tarre, Co-Trustee

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Property of Cook County Clerk's Office