## JIM EDGAR State of Miliners

Submit in Duplicate

\$25.00 filling toe. See other side for acceptable forms of payment.

CERTIFICATE OF AMENDMENT FOR PRE-EXISTING ILLINOIS LIMITED PARTNERSHIPS

SEGRETARY OF STATE

Validation

Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the preexisting limited partnership named below is hereby governed by that Act, effective at the time this certificate is filed in the office of the Secretary of State.

	The limited partner	rship's name is: TPS	Associates	· · · · · · · · · · · · · · · · · · ·		<u>a ne kaji ka nakaji na esta</u>	(Note 1)
	The Federal Emplo	oyer Identification Number	er (F.E.I.N.) is: 13-	-308299	8		. (Note 2)
•	The limited partner	rship's registered agent's	name and registered of	ffice address	sis:		
•	Registered Agent:	Pape	Arthur		r	E	
		Last Name	F	irst Name		Middle Name	i
			chin & Zavis				
		Firm 'ame (if any)			•		
	Registered Office:		Monroe Street			1600 Suite#	
	(P.O. Box alone Is unacceptable)	Numbei	5	Street			
	•	Chicago		ook	flinois_	60606	
		City		County	•	Zip Code	
•	The office address	s, including county, at whi C/O Tishm	ದ್ದು ecords required an Mickest Ma	<b>by Section</b> 1 3 Dageme	1 <b>04 are to be kept is:</b>		
•			Riverside Pl			inois	. (Note 3
•	The limited partner	rship's purpose(s) is:	see altach		6748		
	•		7				
٠							
1	The latest date upo	on which the limited partn	ership is to dissolve is:	Dece	mber 31, 208	<u> </u>	
	The total aggregate amount of cash and the aggregate agreed value of other property or sen ices contributed by the partners and which they have agreed to contribute is: \$						
	6-1/2" x 11" sheet, The names (last names	which must be stapled to ame first) and business a be stapled to this form.	this form.	·	7	0	
	The undersigned affirms, under penalties of perjury, that the facts stated herein are true.  All general partners are required to sign the certificate to be governed by the Revised Uniform Limited Partnership Act.						
	Signature	S Colbora	· · · · · · · · · · · · · · · · · · ·	Signatur	Stanley J.	K211/6	
	Name (please prin	S. Golboro		Name (p	lease print or type	Gaynor	•
		•			1/\		
	Signature		<del></del>	Signatur	•		
					<u> </u>		
	Name (please prin	il or type)		мате (р	lease print or type)		
		eded, this list must be con	tinued in the same form	nation a plai	n white 8-1/2" x11" she	et, which must be sta	pled
ni:	s form. Number of	additional pages:					. <u>.</u> 7:
1							
÷,	1 4				B. C. St. G.	100	

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Note 1: The name of the limited partnership must contain, without abbreviation, the words "limited partnership."

Note 2: If the Federal Employer Identification Number has not been obtained at the time of filing this document, it shall be obtained and shall be reported to the Secretary of State within 180 days after the date of filing this certificate.

Note 3: If this office is outside of Illinois, it must be the limited partnership's principal place of business.

CERTIFICATE OF AMENDMENT
FOR PRE-EXISTING
ILLINOIS LIMITED PARTNERSHIPS
FIRING Fee \$25
Filing Fee \$25
Cashier's Check, Illinois Altomey's Check Illinois C.P.A.'s Check or Money Orde
Payable to "Secretary of State."

7/1/87 through 12/31/87

Form LP 1205 (Intertra)

DO NOT SEND CASHI

All correspondence regarding this filling will be sent to the registered agent of the limited partnership unless a self-addressed enverope is included.

RETURN TO:

order to the Artificial Artificia

Secretary of State
Corporation Department
Limited Partmership Division
Springfield, Illinois 62756
Telephone (217) 785-8960

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The limited partnership's purpose(s) is: to acquire, own, hold, manage and maintain an interest in a leasehold parcel of real estate located on a site bounded by Madison, Jefferson, Washington and Clinton Streets, Chicago, Illinois, upon which it is intended to construct a parking lot and/or an office building.

10. The general partners are:

> c/o Tishman Midwest Management Corp. 300 South Riverside Plaza Chicago, Illinois 60606

300 Chicago, Stanley J. Gaynor C/o Tishman Midwe South Riversi Illinois c/o Tishman Midwest Management Corp. 300 South Riverside Plaza ayc,

DEPT-01 RECORDING
TWI11 TRAN 9016

TAIRS # A \*TOR COUNTY R Chicago, Illinois 60606

1/11/11 TRAN 9016 08/27/87 16:21:00

#4129 # A \*-B7-474417

COCK COUNTY RECORDER

MAIL



Please return to:

Susan M. Logan Katten, Muchin, Zavis, Pearl, Greenberger & Galler 525 West Monroe St., Suite 1600 Chicago, Illinois 60606-3693

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