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to this form. Number of additional pages:

CERTIFICATE OF AMENDMENT FOR PRE-EXISTING ILLINOIS LIMITED PARTNERSHIPS

		UN	10FFIC	JAL CO	JPY,	A .	FILED	
LP_1205 (Interim) 7/1/87 through 12/31/87			Secre	JIM EDGAR Secretary of State State of Illinois		4 <u>A</u> uo 1121 c		
	Submit in Dup 1.00 filing fee, Se acceptable forms of	e ather side	CERTIFICAT	te of amendment Pre-existing Ted partnerships		/alidation	SOSIL 12/04/87	
Pur bek	suant to the provisions is the provision of the second contract th	ons of the Revised U ed by that Act, effec	nilorm Limited Partners tive at the time this certif	hip Act, the preexisting II Icate is filed in the office	imited partnership nar of the Secretary of Str	med	0547 s	
1.	The limited partner	irship's name is;	Kedzie Plaza So	uth Associates		- 	PriNote 1)	
2.	The Federal Empl	oyer Identification N	lumber (F.E.I.N.) is:	36-3527736			. (Note 2)	
3.	The limited partne	ronio's registered ac	gent's name and register	red office address is:				
	Registered Agent: Schultz			James		F.		
		Lacthlame		First Name		Middle Name		
		The Traxpan	Corporation				· · · · · · · · · · · · · · · · · · ·	
	Registered Office: (P.O. Box alone is unacceptable)	9933 N. 170				516		
		Number	O.c	Street	·	Suite #		
		Skokie		Cook	We also	60077		
		City	Ö	County	flinois	Zip Code	·	
4.	9933 Lay	vler - Sulte	516	uired by Section 104 are	lo be kept is:	·		
	Skokie,	Illinois 6	0077 (Cook Coun				. (Note:	
5 , 6 \	The limited partnership's purpose(s) is: Acquisition, development, ownership and operation of certain							
	real estate	located at t	he southwest con	rner of 47th Pla	co and Kodzie	Avenue, C	hicago, I	
6.	The latest date upo	on which the limited (partnership is to dissolve	is: January I	2065			
7.		h the preexisting lim	ited partnership's origin.	al certificate of limited pu	ararship was filed is:	: <u>Cook</u>		
8.	The total aggregate which they have ag	e amount of cash an greed to contribute i	d the aggregate agreed s:\$_1,000.00	value of other property	or services antribute	id by the partne	m and	
9.	8.1/2"x11"sheet, the terms of	which must be stap f the Partner	l ed to this form. No s whip Agreement.	mbership and distributions uch termination	except on so	ie pursuan	t t	
10.	The names (last na sheet which must t	ame first) and busine be stapled to this for	ess addresses of all gen m.	eral partners must be ils	ited on a separate pla	iin withic 8-1/2°	x 11	
	The undersigned affirms, under penalties of perjury, that the facts stated herein are true.							
	/ / /	(n the certificate to be go	verned by the Revised L	Unitorn Limited Partn	rership Act.		
	Signalure Seynour Ta			Signature			-	
	Name (please pnn			Name (please p	print or type)	:	-	
	Signature			Signature			-	
	Name (please print	t or type)		Name (please p	print or type)		-	

If additional space is needed, this list must be continued in the same formation a plain white 8-1/2" x11" sheet, which must be stapled to this form. Number of additional pages:

KEDZIE PLAZA SOUTH ASSOCIATES

Taxman, Seymour 9933 Lawler Skokie, IL 60077

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