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Form LP 202  
(Rev. Jan. 1991)

Filing Fee \$25

SUBMIT IN DUPLICATE!

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)

OFFICE USE ONLY

C000751 5051L 09/23/91  
25.00 IA 0000030520 FILED

1. Limited partnership's name: 1255 BRYAN MAWR Limited Partnership

2. File number assigned by the Secretary of State: C 000751

3. Federal Employer Identification Number (F.E.I.N.): 363531130 DEPT-01 RECORDING \$14.25  
176656 TRAN 6898 10/17/91 14:28:00  
49322 H \*-91-544036  
COOK COUNTY RECORDER

4. 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).

1704 Longmeadow Dr.  
Glenview, Cook County, Illinois 60045

91544036

14/25

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

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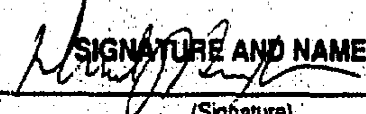
The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

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**

5576  
2259

1.	 (Signature)
	DONALD J. RUSE, JR. - Vice Pres. (Type or print name and title)
	REVERE ENTERPRISES INC. (Name of General Partner if a corporation or other entity)
2.	(Signature)
	(Type or print name and title)
	(Name of General Partner if a corporation or other entity)
3.	(Signature)
	(Type or print name and title)
	(Name of General Partner if a corporation or other entity)
4.	(Signature)
	(Type or print name and title)
	(Name of General Partner if a corporation or other entity)
5.	(Signature)
	(Type or print name and title)
	(Name of General Partner if a corporation or other entity)

1.	Number Street
	City/town
	State Zip Code
2.	Number Street
	City/town
	State Zip Code
3.	Number Street
	City/town
	State Zip Code
4.	Number Street
	City/town
	State Zip Code
5.	Number Street
	City/town
	State Zip Code

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

If additional space is needed, 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.

**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"

**DO NOT SEND CASH!**

**RETURN TO:**

Secretary of State  
 Department of Business Services  
 Limited Partnership Division  
 Room 330, Centennial Building  
 Springfield, Illinois 62756  
 Telephone: (217) 785-8960

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