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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

C000846 SOSIL 10/31/91
25.00 IA 0000011693 FILED

1. Limited partnership's name: R. I. LIMITED PARTNERSHIP

2. File number assigned by the Secretary of State: C000846

3. Federal Employer Identification Number (F.E.I.N.): 36-3547249

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)

91579590

- 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).

c) The address of the registered agent's office has been changed to:
100 North Riverside Plaza, Suite 1400
Chicago, IL 60606 (Cook County)
The registered agent remains the same.

OLD: 111 W. WASHINGTON
CHGO., IL. 60602

d) The address of the office at which the records required by Section 201 of the Act are kept has been changed to:
100 North Riverside Plaza, Suite 1400
Chicago, IL 60606 (Cook County)

OLD: 111 W. WASHINGTON
CHGO., IL. 60602

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5. 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. Jeffrey C. Plack
(Signature)

1. 100 North Riverside Plaza Suite 1400
Number Street

JEFFREY C. PLACK SECRETARY
(Type or print name and title)
By: RIVERSIDE PARK I ASSOCIATES
(Name of General Partner if a corporation or other entity)
LIMITED PARTNERSHIP

Chicago
City/town
Illinois 60606
State Zip Code

2. _____
(Signature)
By: LAKE MICHIGAN PROPERTIES IV, INC.
(Type or print name and title)

2. _____
Number Street

City/town

(Name of General Partner if a corporation or other entity)

State Zip Code

3. 06967576
(Signature)
(Type or print name and title)

3. _____
Number Street

City/town

(Name of General Partner if a corporation or other entity)

State Zip Code

(Signature)
(Type or print name and title)

4. _____
Number Street

City/town

(Name of General Partner if a corporation or other entity)

State Zip Code

5. _____
(Signature)
(Type or print name and title)

5. _____
Number Street

City/town

(Name of General Partner if a corporation or other entity)

State Zip Code

06567576

COOK COUNTY RECORDER
06567576 * 91-579590
14111 TRAN 8064 11/05/91 11:44:00
DEF-1 RECORDINGS

(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."



RETURN TO:

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

DO NOT SEND CASH!

AFTER RECORDING PLEASE MAIL TO:
Coffield Ungaretti Harris
3500 Three First National Plaza
Chicago, Ill. 60602
ATTENTION: P. M. FUNKENBUSH