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Form LP 905
(Rev. Jan. 1991)

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Filing Fee \$25

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

91579592

SUBMIT IN DUPLICATE!

CERTIFICATE OF AMENDMENT TO THE APPLICATION FOR ADMISSION (foreign limited partnership)

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

OFFICE USE ONLY

C000824 SOSIL 10/30/91
25.00 FA 0000011678 FILED

1. Limited partnership's name: Riverside Park I Associates
Limited Partnership
2. File Number Assigned by the Secretary of State: C000824
3. Federal Employer Identification Number (F.E.I.N.): 36-3546153 **91579592**
4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois: N/A

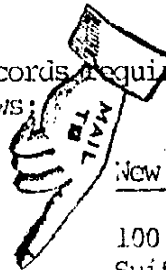
5. The application for admission to transact business is amended as follows:
(Check all applicable changes)
(Address changes P.O. Box alone and c/o are unacceptable)

- 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 agents office (give new name and address, including county below).
- d) Change in the address of the office at which the records required by Section 902 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 limited partnership's name (give new name below).
- g) Change in date of dissolution (give new date below).
- h) Other (give information below).

- d) The address of the office at which records required by Section 902 of the Act are kept has changed as follows:

Old Address

111 West Washington Street
Suite 2100
Chicago, IL 60602
(Cook County)



New Address

100 N. Riverside Plaza
Suite 1400
Chicago, IL 60606
(Cook County)

AFTER RECORDING PLEASE MAIL TO:
Coffield Ungaretti Harris
3500 Three First National Plaza
Chicago, Ill 60606
ATTENTION: P.M. FUNKENBUSH

(OVER)

1350
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6. NAMES(S) & BUSINESS ADDRESS(S) 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.

SIGNATURE AND NAME

BUSINESS ADDRESS

- 5449-886
- 91579592
- 91579592
- COOK COUNTY RECORDER
265625-16-* 849984 :
11/05/91 11:45:00
RECORDS
1. Jeffrey C. Plack
(Signature)
JEFFREY C. PLACK, SECRETARY
(Type or print Name and Title)
Lake Michigan Properties IV, 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. 100 N. RIVERSIDE PLAZA #1400
Number Street
0160
IL City/Town 60606
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, photo copy 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