LP 202

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\$25 filing fee. (\$75 Restated Certificate) See other side for acceptable forms of payment.

to this form. Number of additional pages:

JIM EDGAR 1 0 7 0 0 8 91070088 Secretary of State State of Illinois

TOF AMENDMENT

TATE OF

	The limited partnership's name is:	Hudson Mews Lim	nited Partnership	. (Note 1)	
2.	The limited partnership's tile number is:	C003980			<u>.</u>
	The Federal Employer Identification Num	ber (F.E.I.N.) is:	36-3518370		
3.	The certificate of limited partnership was	•	State's office on: February	28, 1989	<u>.</u>
<b>1.</b>	The certificate of limited partnership is amended as follows: (Check and complete where appropriate)  a) Admission of a new general partner: (I/st - ame. business address and contributions below).  b) Withdrawal of a general partner (list name hollow).  c) Change of registered agent and/or registe ed onice (list old name and address and new name and address, labeled as such, below).  x d) Change in the address of the office at which the reson's required by Section 201 of the Act are kept (list old address and new address, labeled as such, below).  x e) Change in the business addresses of general partners (list name and old address and new address, labeled as such, below).  f) Change in the partners' total contribution amount (give old and new dollar amounts, labeled as such, below).  g) Other (restated certificate? Yes No)  Specify what is being changed from the original certificate and give of and new information, as appropriate, below.  DEPT-01 RECORDING \$13				
			T\$4444 \$9424 :	TRAN. 9990 02/14/91 10 D *-91-070 COUNTY RECORDER 91076C83	2:49:00
	Amendment: (Note 3)		S		
	OLD address for (d) and (e	e) above:	<b>NEW</b> address for (d) a	nd (e) above:	
	415 West North Avenue Chicago, Illinois 60610		312 West Belden Avenu Chicago, Illinois 60	e 614	303
	If additional space is needed, the amendment must be continued on a plain white 8-1/2" x 11" sheet, which must be stapled to this form.				
		of perjury, that the facts st	ated herein are true.		
	form.			rtners designated.	
	form. The undersigned affirms, under penalties of			•	

File No.

CERTIFICATE OF AMENDMENT

JIAM OT

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TO THE CERTIFICATE OF

LIMITED PARTNERSHIP

88002016

**Limited Partnership Division** Springfield, Winois 62756 Corporation Department

Secretary of State

felephone (217) 785-8960

RETURN TO:

envelope is included. limited partnership unless a self-addressed

All correspondence regarding this filing with be sent to the registered agent of the

DO NOT SEND CASHI

Payable to "Secretary of State." Illinois C.P.A,'s Check or Money Order Payment must be made by Certified Check, Cashier's Check, Illinois Attorney's Check,

(Restated Certificate \$75)

Filing Fee \$25

ites, Shrrp, th.
133 w wacker Drive.
200 wacker Drive.
2000 II Locusto

91070088

Note 3: All applicable information regarding the amendment, both old and new, must be given and clearly labeled.

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

Secretary of State, BEFORE any amendments herein reported. Note 1: State the true and exact name of the limited partnership as it appears on the records of the office of the