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Form LP 202
(Rev. Jan. 1991)

Filing Fee \$25

SUBMIT IN DUPLICATE!

GEORGE H. RYAN
Secretary of State
State of Illinois

CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

OFFICE USE ONLY

0002399 8051L 06/25/92 265555
11505 6657000
25.00 FF 0000000002 FILED

1. Limited partnership's name: LAKWEST EQUITY PROPERTIES **92733704**

2. File number assigned by the Secretary of State: C002399

3. Federal Employer Identification Number (F.E.I.N.): 36-3186020

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)

DEPT-01 RECORDING \$23.00
T95555 TRAM 7159 10/02/92 09:00:00
#0312 + E * -92-733704
COOK COUNTY RECORDER

- 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).
NOTE: SAME REGISTERED AGENT, NEW ADDRESS.
- 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) Roger F. Ruttenberg
c/o Frain Camins & Swartzchild
300 W. Washington, Suite 900
Chicago, Illinois 60606
(Cook County)

D) 300 W. Washington, Suite 900
Chicago, IL 60606
(Cook County)

E) CHANGE IN ADDRESS OF ONLY ONE GENERAL PARTNER
Roger F. Ruttenberg
c/o Frain Camins & Swartzchild
300 W. Washington, Suite 900
Chicago, IL 60606

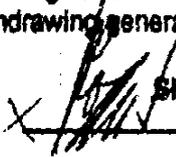
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5. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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.

1.	 SIGNATURE AND NAME _____ (Signature) Roger E. Ruffenberg, General Partner _____ (Type or print name and title) _____ (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.	c/o Frain Camins & Swartzchild BUSINESS ADDRESS 300 W. Washington, Suite 900 _____ Number Street Chicago _____ City/town Illinois 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, 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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