

(Rov. Jan. 1991) Filing Fee \$25

Form LP 202

SUBMIT IN DUPLICATE!

All correspondence regarding this filling 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)

92144322

国员员 IA 0000031730 0000757 50SIL 11,07,91 25,00 IA 000031770

| 1. | Limited | d partnership's name: | Massasoit | Property | Lim | nited Partnership | | | | | |
|------|-------------|---|---------------------------------|-----------------|----------|---|--|--|--|--|--|
| | | 90 | | | | | | | | | |
| 2. | File nu | imber assigned by the Secreti | ary of State: | C000957 | | | | | | | |
| | | at Employer Identification Num | w · | 36-651611 | .1 | | | | | | |
| • | (Check | ertificate of limited partnership (all applicable changes) ss changes P.O. Box alone a | | | • | DEPT-01 RECORDING \$: T\$4444 TRAN 4569 03/05/92 16:09: \$8480 \$ D *-92-14432 COOK COUNTY RECORDER | | | | | |
| | a) | Admission of a new general | partner (give name a | and business ad | dress | s below). | | | | | |
| | b) | Withdrawal of a general part | ner (give name belov | NO. | 92144322 | 92144322 | | | | | |
| | c) | 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 address, including county is | e office at which the rocelow). | ecords required | oy S | Section 201 of the Act are kept (give new | | | | | |
| • | X_ e) | Change in the general partner | ers name and/or busi | ness address (ç | give n | name and new address below). | | | | | |
| | f) | Change in the partners' total aggregate contribution amount (give new dollar amount below). | | | | | | | | | |
| • | <u> </u> | Change in limited partnership | o's name (give new n | ame below). | | 0. | | | | | |
| 1 2 | <u>Y</u> h) | Change in date of dissolution | give new date belo | w). | | | | | | | |
| ن- ن | i) | Other (give information below | | | | Co | | | | | |
| | | The Partnership s | hall terminat | e on Dece | mbei | r 31, 2001. | | | | | |

230 BOX 356

(over)

UNOFFICIAL COPY

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 | | BUSIN 1300 W. Higg | | |
|----------------|--|---------------|-----------------------|--|--------------|
| ح ، | (Signature) | | Number | | Street |
| 1. | James T. Braniff | 1. | Park Ridge | | |
| | (Type or print name and title) | • | | City/town | |
| , | (/// | | Illinois | | 60068 |
| _ | (Name of General Partner if a corporation or other entity) | to the course | State | | Zip Code |
| | | | 1300 W. Higg | gins Road | |
| 2. | (Signature) | 2. | Number | Street | |
| - . | Gearen Propercies Limited Partnership | | Park Ridge | <u>. </u> | |
| _ | (Type continame and title) | , | | City/town | |
| | Paul C. Gearch, General Partner | | Illinois | | 60068 |
| - | (Name of General Partner il a Corporation or other entity) | • | State | | Zip Code |
| | Acc deli- | | | Salle Street | |
| 3. | \ (Ṣignature) | 3. | Number | Street | |
| _ | Jack M. Cohen Investment Irist | | Chicago | | |
| _ | (Type or print name and title) | | | City/town | |
| | Jack M. Nohen as Traistee | | Illinois_ | | 60602 |
| to 1 3 | (Name of General Partner/it a corporation or other (1011) | , | State | · | Zip Code |
| 4. ~ | (Signature) | 4. | Number | Street | |
| ૢૢૣૢૢૢૢૢ | (Type or print name and title) | 6 | | City/town | |
| 132 | (Name of General Partner if a corporation or other entity) | 4 | State | | Žip Code |
| 5. r if | (Signature) | 5. | Number | Street | |
| <u>හි -</u> | (Type or print name and title) | • | | City/town | |
| - | (Name of General Partner if a corporation or other entity) | • | State | <u> </u> | 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 formation 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