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Form LP 905 (Rev. Jan. 1991)

Filing Fee \$25

SUBMIT IN DUPLICATE!

All correspondence regarding this filling will be sent to the registered agent of the limited partnership writes a self-addressed envelope with pre-paid sources is included.

GEORGE H. RYAN Secretary of State State of Illinois

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

92207599

OFFICE USE ONLY

0006734 50511 05/27, 92
25.00 FA 0000612665 F.

1.	Limited	d partner hip's name: <u>Westholmo Partners, a California limite</u> :	partnership		
2.		mber assigned by the Secretary of State: <u>Coolog34</u>	92207599		
3.	Federal Employer Identification Number (F.E.I.N.): Applied for				
4.	Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:				
		· C	DEPT-01 RECORDING \$23.0		
5 .	(Check	oplication for admission to transact business is amended as follows: all applicable changes) as changes P.O. Box alone and c/o are unacceptable)	171111		
	A)	Admission of a new general partner (give name and business purl	ess below).		
	L b)	Withdrawal of a general partner (give name below).	4,		
	c)	Change of registered agent and/or registered agents office (give new name and address, including county below).			
	— d)	d) Change in the address of the office at which the records required by Section 902 clithe Act are kept (give new address, including county below).			
	e)	Change in the general partners name and/or business address (give name and new a wress 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).			
		withdrawing general partner: The Anden Group, a California limited partnership			

23,00)
BUX 4160

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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 A	ADDRESS llevard, Suite 1700
1. * Esden Partners, a California limited partnership	Number	Street
By: ESR Corporation, a California corporation,	*	ify/town
its general partner	California State	91403 Zip Code
By: Rosenfeld, President XXXX	Number	Street
O .	C	ly/lown
2. ** The Anden Group, a California limited partnershi	5iate	Zip Coge
By: Esden Partners, a California limited 2.		oulevard, Suite 1700
partnership, its general partner XX2X	Number	Street
$O_{\mathcal{F}}$	Sherman Oaks	ιtγΛο ωι ι
By: ESR Corporation, a California	California	91403
corporation, its general partner	- State	Zip Code
By: Bugene S. Rosenfeld, President MXX	Number	Sireer
* managing general partner of Westholme Partners	Č	ily/lown
a California limited partnership	State	Zip Com
** withdrawing general partner of Westholme Partners a California limited partnership	Number	Street
		ify∕lown
	State	Zip Code

(Signatures must be in link 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" sheek, which must be stapted 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 CASHI

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