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Form LP 202
(Rev. Jan. 1991)

93611199

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SUBMIT IN DUPLICATE!

GEORGE H. RYAN
Secretary of State
State of Illinois

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

93611199

OFFICE USE ONLY

COOK COUNTY CLERK'S OFFICE
23.00 FF 000051467 FILED

1. Limited partnership's name: MORGAN PARK PROFESSIONAL CENTRE
LIMITED PARTNERSHIP

2. File number assigned by the Secretary of State: C 006314

3. Federal Employer Identification Number (F.E.I.N.): 363734405

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)

- 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).
- 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).

MAIL 3/10
GLENN WILLIAMSON
BEVERLY AREA LOCAL DEVELOPMENT CO.
1701 W. MONTEREY AVE., #8
CHICAGO, IL 60643
COOK COUNTY

DEPT-01 RECORDING \$23.50
T#6666 TRAN 8888 08/04/93 14:25:00
#1662 * -93-611199
COOK COUNTY RECORDER

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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 ADDRESS

5/16/98
0398

1. _____
(Signature)
Glenn R. Williamson

(Type or print name and title)
GLENN R. WILLIAMSON, EXECUTIVE Dir.

(Name of General Partner if a corporation or other entity)
BEVERLY AREA LOCAL DEVELOPMENT Co.

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. Number _____ Street _____
1701 W. MONTEREY AVE. #8

City/town _____
IL CHICAGO 60643

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 _____

FILED
MAY 16 1998
CLERK OF COURT
JUDICIAL CIRCUIT CLERK'S OFFICE
CENTENNIAL BUILDING
SPRINGFIELD, ILLINOIS 62756
TELEPHONE (217) 785-8960

(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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