UNOFFICIAL C

Form LP 202 (Rev. Jen. 1991)

Filling Fee \$25

SUBMIT IN SUPLICATE!

old he sent to the re-

GEORGE H. RYAN Secretary of State State of illinois

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

C000321 SDSIL 09/14/93 25.00 FF 0000053137 FILED OFFICE USE ONLY

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1.	Limited partnership's raine: Maud-Clybourn Project Limited Partnership								
2.	File nu	imber assigned by the S	ecrystary of State: C-000321						
3.	Federa	al Employer Identification	Number ( .E.I.N.): 36-353246	0	· 				
4.	(Checi	The certificate of limited partnership is amended as follows:  (Check all applicable changes)  (Address changes P.O. Box alone and c/o are unaccopatable)  DEPT-01 RECORDING  14666 TRAN 1671 09/20/93 15  \$7418 \$ \$-93-7509  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).								
	<u>X</u> c)	Change of registered agent and/or registered agent's office figive new name and address, Including county below).  Change in the address of the office at which the records required by Sartion 201 of the Act are kept (give new address, Including county below).							
	<u>X</u> d)								
	X e)	e) Change in the general partners name and/or business address (give name z.id new address below).							
	f)	Change in the partners' total aggregate contribution amount (give new dollar amount below).							
	Q)	Change in limited parinership's name (give new name below).							
	h)	Change in date of disso	lution (give new date below).	, oor	m i OMO				
	)	Other (give information	helowt.	937	<i><b>7</b>00375</i>				

New name and address of registered agent:

Jonathan L. Mills Sugar, Friedberg & Felsenthal 30 North LaSalle Street. Suite 2600 Chicago, Cook County, Illinois 60602 New address of office. at which records are kept:

1924 North Hove Chicago, Cook Cou

inois 60614

SUGAR, FRIEDBERG & FELSENTHAL

SUITE 2600 30 NORTH LAJALLE STREET CHICAGO, ILLINOIS 60602

Cynthis

(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		BUSINESS ADDRESS		
1,	(Signature)	1.	Humber	Seve1	
	Stephen R. Ballis	••	Chicago		
•	(Type or print name and title)	•	<del>نوراک به سینگیری د دروند در</del>	City/town	
			Illinois		60614
52	(Hame of General Partner II a corporation or other energy)		State		Zip Code
2(C)	(Signeture)	2.	Number	Street	
	(Type w man) name and see)	•		Cityhown	
C)	(Name of General Portner is a suggestation or other entry)	•	State		Zip Code
3.	(Signeture)	3.	Number	Street	
;	(Type or print name and tille)	•		City/town	
	(Name of General Partner if a corporation or other end y)	•	State		Zip Code
?.	<u> </u>				
4.	(Signature)		Number	Street	
•	(Type or print name and tide)	0,		City/town	
•	(Name of General Parmer if a corporation or other entity)	Ç	State	-	Zip Code
5.	(Signature)	5.	No. Color	Street	
-	(Type or print name and see)		0,	City/town	
•	(Name of General Partner if a corporation or other entity)		State	<b>F</b> /	Zep 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 caust 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
Springtield, Illinois 62756
Telephone: (217) 785-8960