Form LP 109 GEORGE V. RYAN SECRETARY OF STATE (Rev. Jan. 1991) STATE OF ILLINOIS Filing Fee. OFFICE USE ONL See note below. 93797695 APPLICATION TO ADOPT, SUBMIT IN DUPLICATE! CHANGE, OR CANCEL AN ASSUMED NAME (Illinois or foreign limited partnership) All correspondence regarding this filing will be sent to the replatered agent of the limited portnership unless a sell-addressed envelope with prenald nostage is included. 93"97695 DEPT-01 RECORDING TH8888 TRAN 4117 10/05/93 14:10:00 Krupp Equity Limited Partnership 1. Limited partners/12's name; COOK COUNTY RECORDER: File number assigned by the Secretary of State: C00036 C00036 3. Federal Employer Identification Number (F.E.I.N.): 04-2860301 Admitting name, It any, under which the film ted partnership has elected to transact business (foreign only): None State or other jurisdiction under the laws of which the limited partnership is formed is: (Check one) XXX Foreign (special): Massachusetts (Illinois (domestic) TO ADOPT: The above-named limited partnership intends to adopt and to transact business under the assumed name W. Bell Plaza Shopping Center L.P. (a) TO CHANGE: The above-named limited partnership intends to cease transacting business under the assumed name (b) and to commence transacting business under the new assumed name of: TO CANCEL: The above-named limited partnership intends to cease transacting business under the assumed name of: NDTE: The filling fee to adopt or to change an assumed name is \$20.00 plus \$2.50 for each month or part thereof between the date of filing this application and the date upon which the limited partnership may renew its use. Filing fee to cancel an assumed name \$5.

(over)

C1P-84

The undersigned allirms, under penalties of perjury, that the facts stated nere in are time.

One general partn	er-must sign	the application to ad	opi, change or c	ancel an assumed name,
Scott D. S	petfogel,	(Signature) Assastant Clerk	(Secretary)	<del></del>
The Krupp	· (Type	or print name and title)		
(Nan	ne of General Pa	artner if a corporation or o	ther entity)	

(Signature must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

## **FORMS OF PAYMENT:**

Payment must be made by certified check, cashler's check, illinous attorney's check, illinous C.P.A.'s check of money order, payable to "Secretary of State."

DO NOT SEND CASH!

RETURN TO: Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building

Springfield, Illinois 62756 Telephone: (217) 785-8960

93797695