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Form LP 200
(Rev. Jan. 1981)

Filing Fee \$20

DUPLICATE IN DUPLICATE

All correspondence regarding this filing will be sent to the registered agent of the limited partnership. Please use a self-addressed envelope with return postage included.

GEORGE H. RYAN
Secretary of State
State of Illinois

93092936

OFFICE USE ONLY

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

1. Limited partnership name: 2816 Greenbay Limited Partnership

2. File number assigned by the Secretary of State: 8002440

3. Federal Employer Identification Number (F.E.I.N.): 363601171

4. The changes of limited partnership to amend (as follows):
(Check all applicable changes)

(Address changes R.O. Box alone and do not use an article)

DEPT-01 RECORDING \$23.50
14222 TRAN 3663 02/04/93 12:18:00
45379 + *-93-092936
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).
- 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 partner's 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).

401 N. Michigan Avenue, Suite 1900
Chicago, IL 60611

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8. 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

1. *[Signature]*
(Signature)
[Name]
(Type or print name and title)
(Name of General Partner if a corporation or other entity)

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)

BUSINESS ADDRESS

1. 707 Skokie Blvd. Suite 600
Number Street
Northbrook, IL 60062
City/Town

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

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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 62768
Telephone: (217) 785-8900