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Form LP 200
(Rev. Jan. 1981)

Filing Fee \$25

SUBMITTED IN DUPLICATE

All correspondence regarding this filing will be sent to the registered agent in the event of the limited partnership's failure to file a self-addressed envelope with remittance address to Illinois.

RECEIVED
ILLINOIS SECRETARY OF STATE
REGISTRATION AND RECORDS SECTION
DEPT. OF STATE
GEORGE H. RYAN
Secretary of State
State of Illinois
**CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois Limited Partnership)**

OFFICE USE ONLY

REC'D 2440 SSBTL 01/22/93
25-00 FF 000004563 FILED
B

1. Limited partnership name: 2816 Greenbay Limited Partnership

2. File number assigned by the Secretary of State: 002440

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

4. The status of limited partnership is amended as follows:

(Check all applicable changes)

(Address changes, P.O. Box alone and/or zip unlistable)

DEPT-01 RECORDING \$23.50
T92222 TRAN 5663 02/04/93 12118100
45329 93-092936
COOK COUNTY RECORDER

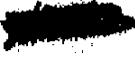
- a) Admission of a new general partner (give name and business address below).
- b) Withdrawal of a general partner (give name below).
- c) Change of registered agent and/or registered agent's office (give new name and address, including county below).
- d) Change in the address of the office at which the records required by Section 201 of the Act are kept (give new address, including county below).
- e) Change in the general 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).

5. Other (type information below)

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

NOTWITHSTANDING
ANYTHING TO THE CONTRARY
STATED IN THIS DOCUMENT,
THE PARTNERSHIP IS NOT
ENTITLED TO THE BENEFITS
OF THE PROVISIONS OF THE
ILLINOIS LIMITED PARTNERSHIP
ACT AS STATED IN THIS DOCUMENT.
GORDON T. FISHER, L.P.

93092936



3/3
J3P

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B. 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. James P. Wiersbach
(Signature)
(Type or print name and title) President 12/27/92

(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)

(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.

FORM 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!

BUSINESS ADDRESS

707 Skokie Blvd. Suite 600

Number

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

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 230, Centennial Building
Springfield, Illinois 62766
Telephone: (217) 785-0900

9-092936