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Form LP 202
(Rev. Jan. 1991)

Filing Fee \$26

SUBMIT IN DUPLICATE!

GEORGE H. RYAN
Secretary of State
State of Illinois

OFFICE USE ONLY

93214101
25.00

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with non-paid postage is included.

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

93214101

1. Limited partnership's name: LEAWOOD APARTMENTS COMPANY
2. File number assigned by the Secretary of State: 5002389
3. Federal Employer Identification Number (F.E.I.N.): 953238560

DEPT-01 RECORDING \$26.50
745555 TRAN 8897 03/23/93 09:23:00
93214101
COOK COUNTY RECORDER

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).

c. Registered Agent:
Anthony J. Fusco, Jr.
343 South Dearborn St., Suite 1110
Chicago, IL 60604
Cook County (Illinois)

d. Address of Record:
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Los Angeles County (California)

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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.

*5365
1779*

SIGNATURE AND NAME	
1.	<u><i>Patrick D. Quinn</i></u> (Signature) Patrick D. Quinn, Vice President (Type or print name and title) Westport Housing Corporation, G.P. (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.	<u>881 Alma Real Drive, Suite 205</u> Number Street <u>Pacific Palisades</u> City/Town <u>California</u> <u>90272</u> 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

(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

mail to
Chicago Community Development Corp
Attn: Anthony Fusco
343 South Dearborn #1110
CHI, IL 60604

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