

# UNOFFICIAL COPY

93229582

Form LP 1072  
(Rev. Jan. 1991)

Filing Fee \$25

SUBMIT IN DUPLICATE!

GEORGE H. RYAN  
Secretary of State  
State of Illinois

OFFICE USE ONLY

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

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

1. Limited partnership's name: 1350 LAKE SHORE ASSOCIATES, AN ILLINOIS LIMITED PARTNERSHIP

2. Filing number assigned by the Secretary of State: 8002230

3. Federal Employer Identification Number (F.E.I.N.): 36-2646821

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)

DEPT-01 RECORDING \$23.00  
T66666 TRAN 9827 03/29/93 13192100  
98692 9 4-93-229582  
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).
- i) Other (give information below).

93229582

Lorraine N. Madsen  
c/o Draper and Kramer, Incorporated  
33 West Monroe St., Suite 1900  
Chicago, IL 60603 COOK COUNTY

(over)

23E

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## 6. 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)  
Torraine (Type name, title, Sec'y.)  
D & K CONSULTANCY COMPANY, INC.  
(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. Number \_\_\_\_\_ Street \_\_\_\_\_  
33 West Monroe St.  
City/Town \_\_\_\_\_  
Chicago  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
IL 60603
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 \_\_\_\_\_  
93723582

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on carbonated 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) 725-8960