

Filing Fee \$25

SUBMIT IN DUPLICATE!

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.

UNOFFICIAL COPY

93327151

9 3 3 2 7 1 5 1

GEORGE H. RYAN
Secretary of State
State of Illinois

93327151

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

OFFICE USE ONLY

C000391 SOSIL 04/06/93
25.00 FF 0000047417 FILED

1. Limited partnership's name: Park Place Associates

2. File number assigned by the Secretary of State: C000391

3. Federal Employer Identification Number (F.E.I.N.): 36-3331091

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 323.00
T#8888 TRAN 7066 05/03/93 13:03:00
#4862 # *-93-327151
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).

Old Registered Agent

Robert J. Walner
4849 Golf Road
Skokie, IL 60077 (Cook County)

New Registered Agent

Balcor Registered Agent, Inc.
4849 Golf Road
Skokie, IL 60077 (Cook County)

93327151
Office

93327151

933.00
E

UNOFFICIAL COPY

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.

SIGNATURE AND NAME		BUSINESS ADDRESS	
1.	<u>Jerry M. Ogle</u> (Signature) Jerry M. Ogle, Vice President and Asst. Secy. (Type or print name and title) Balcor Realty Associates - I, an IL general (Name of General Partner if a corporation or other entity) Partnership BY: The Balcor Company, a Delaware (Signature) Corporation	1.	<u>4849 Golf Road</u> Number Street <u>Skokie</u> City/town <u>IL</u> State <u>60077</u> Zip Code
2.	_____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	2.	_____ Number Street _____ City/town _____ State Zip Code
3.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	3.	_____ Number Street _____ City/town _____ State Zip Code
4.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	4.	_____ Number Street _____ City/town _____ State Zip Code
5.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	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 62758
Telephone: (217) 785-8960

93327151