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Form LP 202
(Rev. Jan. 1991)

94503766

(2) RYAN, GEORGE H. JAN 25 1994 5 0 7 3 8

1993 JUN 07 10 23 AM '94
66755/NO. 1155 249000

Filing Fee \$25

GEORGE H. RYAN
Secretary of State
State of Illinois

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 pre-paid postage is included.

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

1. Limited partnership's name: R.I. Limited Partnership

2. File number assigned by the Secretary of State: C000846

3. Federal Employer Identification Number (F.E.I.N.): 36-3547649

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 \$23.50
T30012 - TRAN 3173 06/07/94 10:02:00
#2762 + SK * - 94 - 503766
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).

(4c) New Registered Agent & Address:

ORIX Real Estate Equities, Inc.
100 N. Riverside Suite 1400
Chicago, Illinois 60606

(4d) New Address: 100 N. Riverside Ste. 1400 Chicago, Illinois 60606 Cook County

(4e) New address of GP: 100 N. Riverside Ste. 1400 Chicago, Illinois 60606

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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.

SIGNATURE AND NAME

BUSINESS ADDRESS

1. Jeffrey C. Plack
(Signature)
Jeffrey C. Plack, Secretary for
(Type or print name and title)

1. Number Street
100 N. Riverside Suite 1400
City/town
Chicago, Illinois 60606
State Zip Code

Lake Michigan Properties IV, Inc. General
(Name of General Partner if a corporation or other entity)

2. Number Street
City/town
State Zip Code

2. Partner for Riverside Park I Associates Limited Partnership
(Signature)
as General Partner for R.I. Limited Partnership
(Type or print name and title)

3. Number Street
City/town
State Zip Code

(Name of General Partner if a corporation or other entity)

4. Number Street
City/town
State Zip Code

3. (Signature)
(Type or print name and title)

5. Number Street
City/town
State Zip Code

4. (Signature)
(Type or print name and title)

6. Number Street
City/town
State Zip Code

5. (Signature)
(Type or print name and title)

7. Number Street
City/town
State Zip Code

6. (Signature)
(Type or print name and title)

8. Number Street
City/town
State Zip Code

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(Type or print name and title)

9. Number Street
City/town
State Zip Code

8. (Signature)
(Type or print name and title)

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State Zip Code

9. (Signature)
(Type or print name and title)

11. Number Street
City/town
State Zip Code

10. (Signature)
(Type or print name and title)

12. Number Street
City/town
State Zip Code

11. (Signature)
(Type or print name and title)

13. Number Street
City/town
State Zip Code

12. (Signature)
(Type or print name and title)

14. Number Street
City/town
State Zip Code

13. (Signature)
(Type or print name and title)

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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 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960