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Firm LP 202
(Rev. Jan. 1991)

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 pre-paid postage is included.

GEORGE H. RYAN
Secretary of State
State of Illinois

94602742

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

5004366 SCSIL 03.24.94
25.00 FF 000002292 FILED

1. Limited partnership's name: 101 S. Washington Limited Partnership
2. File number assigned by the Secretary of State: S004366
3. Federal Employer Identification Number (F.E.I.N.): 36-3701634 DEPT-01 RECORDING \$25.50
4. The certificate of limited partnership is amended as follows: T#5555 TRAN 1519 07/12/94 07:59:00
(Check all applicable changes) #0956 # JJ *-94-602742
(Address changes P.O. Box alone and c/o are unacceptable) 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).

c) d) Jaime J. Javors
710 North York, #2B
Hinsdale, IL 60521-3555
DuPage County

e) 101 Washington, Ltd.
710 North York, #2B
Hinsdale, IL 60521-3555
DuPage County

94602742

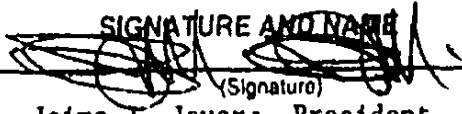
2350

5. NAME(S) & BUSINESS ADDRESSES OF GENERAL PARTNER(S)

UNOFFICIAL COPY

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. | <p> _____ (Signature) Jaime J. Javors, President _____ (Type or print name and title) 101 Washington, Ltd. _____ (Name of General Partner if a corporation or other entity)</p> |
| 2. | <p>_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p> |
| 3. | <p>_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p> |
| 4. | <p>_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p> |
| 5. | <p>_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p> |

| BUSINESS ADDRESS | | | | | | | | | | | | | |
|---------------------|---|--------|--------|---------------------|--|-----------|--|--------------|------------|-------|----------|--|-------------|
| 1. | <table border="0"> <tr> <td>Number</td> <td>Street</td> </tr> <tr> <td>710 North York, #2B</td> <td></td> </tr> <tr> <td colspan="2">City/town</td> </tr> <tr> <td>Hinsdale, IL</td> <td>60521-3555</td> </tr> <tr> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td>DuPage Cnty</td> </tr> </table> | Number | Street | 710 North York, #2B | | City/town | | Hinsdale, IL | 60521-3555 | State | Zip Code | | DuPage Cnty |
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| 710 North York, #2B | | | | | | | | | | | | | |
| City/town | | | | | | | | | | | | | |
| Hinsdale, IL | 60521-3555 | | | | | | | | | | | | |
| State | Zip Code | | | | | | | | | | | | |
| | DuPage Cnty | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 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.)

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



attn: Cynthia Fager
 710 N. York Rd - Ste-2B
 Hinsdale, IL
 60521-
 3555