

# UNOFFICIAL COPY

Form LP 202  
(Rev. Jan. 1991)

94739871  
9 4 7 3 9 8 7 1

Filing Fee \$25

94739871

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)

0001345 SOSIL 08/11/94  
25.00 FF 0000066165 FILED

1. Limited partnership's name: Calavera Hills Development Limited Partnership

2. File number assigned by the Secretary of State: C001345

3. Federal Employer Identification Number (F.E.I.N.): 36-3570591

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  
T#0012 TRAN 9463 08/22/94 08:56:00  
\$1085 \$ SK \*-94-739871  
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 Name: C. T. Seven, Inc.

New Name: Calavera Holding, Inc.

23.56  
m

# 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. \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Type or print name and title)  
Robert D. Burke, Asst. Sec.  
(Name of General Partner if a corporation or other entity)  
Calavera Holding, Inc.

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)

1. \_\_\_\_\_  
Number Street  
1965 Pratt Blvd.  
\_\_\_\_\_  
City/Town  
Elk Grove Village, IL 60007  
\_\_\_\_\_  
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 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

**94739871**