

# UNOFFICIAL COPY

94742924

Form LP 905  
(Rev. Jan. 1991)

94742924

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 pre-paid postage is included.

## CERTIFICATE OF AMENDMENT TO THE APPLICATION FOR ADMISSION (foreign limited partnership)

5004763 955 IL 05/08/94  
1.25.00 JU 0000655577 FILED

1. Limited partnership's name: Country Place Apartments - Moweaqua II, L.P.

2. File number assigned by the Secretary of State: 5004763

3. Federal Employer Identification Number (F.E.I.N.): 351825751

4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:  
n/a

5. The application for admission to transact business is amended as follows:  
(Check all applicable changes)  
(Address changes P.O. Box alone and c/o are unacceptable)

- 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 agents office (give new name and address, including county below).
- d) Change in the address of the office at which the records required by Section 902 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 limited partnership's name (give new name below).
- g) Change in date of dissolution (give new date below).
- h) Other (give information below).

d) 777 East 86th Street  
Indianapolis, IN 46240  
Marion County


DEPT-01 RECORDING \$23.50  
T#8888 08/23/94 08:20:00  
#2959 \*94-742924  
COOK COUNTY RECORDER

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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.	 (Signature) Stanley Herman, General Partner (Type or print name and title) (Name of General Partner if a corporation or other entity)	1.	777 East 86th Street Number Street Indianapolis City/town Indiana 46240 State Zip Code
2.	(Signature) (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 62756  
Telephone: (217) 785-8960

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