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Form LP 905  
(Rev. Jan. 1991)

Filing Fee \$25

**SUBMIT IN DUPLICATE!**

**GEORGE H. RYAN**  
Secretary of State  
State of Illinois

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

OFFICE USE ONLY

0007 00 0000 00000000  
0000 0000 00000000

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.

94874835

1. Limited partnership's name: Arplace Limited Partnership

2. File number assigned by the Secretary of State: 2-194-425 5007636

3. Federal Employer Identification Number (F.E.I.N.): 13-3730382

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

5. The application for admission to transact business is amended as follows:

(Check all applicable changes)  
(Address changes P.O. Box alone and o/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 802 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).

DEPT-01 RECORDING \$23.00  
T0003 TRAN 7591 10/11/94 15:32:00  
#1695 EB \*-94-874835  
COOK COUNTY RECORDER

94874835

The date of dissolution is December 31, 2020.

Box 314  
23/02  
[Handwritten signature]

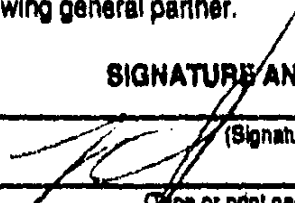
# UNOFFICIAL COPY

## 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

1.  (Signature)  
\_\_\_\_\_  
(Type or print name and title)  
Leonard Chazen, President  
(Name of General Partner if a corporation or other entity)  
Arplace Corp.
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)

### BUSINESS ADDRESS

1. c/o G. Soros Realty, Inc.  
Number Street  
520 Madison Avenue  
City/town  
New York, New York 10022  
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."

Secretary of State  
Department of Business Services  
Limited Partnership Division

**DO NOT SEND CASH!**

11-27-2005