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Form LP 906
(Rev. Jan. 1991)

94884819

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 return postage is included.

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

OFFICE USE ONLY

1. Limited partnership's name: COVINGTON CENTER LIMITED PARTNERSHIP - A8
2. File number assigned by the Secretary of State: C004938
3. Federal Employer Identification Number (F.E.I.N.): 363672181
4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:

DEPT-01 RECORDING \$23.00
142222 TRAN 9765 10/17/94 15:01:00
#2993 K.P. *-94-884819
COOK COUNTY RECORDER

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).

The Prentice - Hall Corporation System, Inc.
33 North LaSalle Street
Chicago, Illinois 60602

Cook County

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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.	<u><i>Arleen M. Fitzgerald</i></u> (Signature) Arleen M. Fitzgerald, Assistant Clerk (Type or print name and title) Eastrich No. 85 Corporation (Name of General Partner if a corporation or other entity)	1.	_____ Number Street _____ City/Town _____ 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