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SUBMIT IN DUPLICATE!

GEORGE H. RYAN
Secretary of State
State of Illinois

94946803

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)

1. Limited partnership's name: KINGSBURY LIMITED PARTNERSHIP

2. File number assigned by the Secretary of State: 5006596

3. Federal Employer Identification Number (F.E.I.N.): 363847098

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#0004 TRAN 8721 11/07/94 09:57:00
44149 6 LF *-94-946803
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) Daniel E. Levin
350 West Hubbard Street
Suite 500
Chicago, Illinois 60610
Cook County

(e) DEL Corporation
350 West Hubbard Street
Suite 500
Chicago, Illinois 60610
Cook County

94946803

JEFF RAPPIN
350 W. HUBBARD SUITE 500
CHICAGO IL. 60610

(over)

2250
2270

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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	
1.	<u><i>Daniel E. Levin</i></u> (Signature) <u>Daniel E. Levin - President</u> (Type or print name and title) <u>DEL Corporation - General Partner</u> (Name of General Partner if a corporation or other entity)
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.	<u>350 West Hubbard Street, Suite 500</u> Number Street <u>Chicago,</u> City/Town <u>Illinois</u> <u>60610</u> 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

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(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