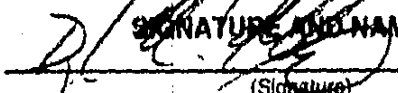


UNOFFICIAL COPY

5. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalty 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) Douglas M. Firatenberg (Type or print name and title) General Partner KSSA-Park Place Associates, a Penn. GP (Name of General Partner if a corporation or other entity)	4800 Montgomery Lane, Suite 875 Number Street Bethesda City/Town Maryland State 20814 Zip Code	
2.	(Signature) (Type or print name and title) (Name of General Partner if a corporation or other entity)	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)	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)	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)	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

Please return to: Jim Shaw
Ticor Title Insurance
203 N. LaSalle, Suite 1400
Chicago, IL 60601
Re: ACC

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Form LP 202
(Rev. Jan. 1991)

Filing Fee \$25

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.

GEORGE H. RYAN
Secretary of State
State of Illinois

**CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)**

94052527

1. Limited partnership's name: Park Place Associates Limited Partnership

2. Filing number assigned by the Secretary of State: 5000397

3. Federal Employer Identification Number (F.E.I.N.): 363174433

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)

- 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 partner's 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).

94052527

Eugene J.M. Leone
Pircher, Nichols & Meeks
900 North Michigan Avenue
Suite 2860
Chicago, Cook County, IL. 60611

DEPT-01 RECORDING \$23.00
75555 TRAN 0421 01/18/94 11:50:00
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COOK COUNTY RECORDER



CLP-94

BOX 15

(over)

29 DEC
FEA