

# UNOFFICIAL COPY

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. Use a self-addressed envelope with return postage included.

GEORGE H. RYAN  
Secretary of State  
State of Illinois

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

94355926

OFFICE USE ONLY

94355926  
25.00

1. Limited partnership's name: Kenwood Investors

DEPT-01 RECORDING 423.50  
T43446 TEAM 7738 04/21/94 11:19:00  
33747  
COOK COUNTY RECORDER

2. File number assigned by the Secretary of State: C003771

3. Federal Employer Identification Number (F.E.I.N.): 36-325372

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 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).

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### Withdrawing general partners:

Tandem Property Affiliates, Inc., an Illinois corporation  
Steven J. Hans



RETURN:

JOHN KENNEDY  
35 E. WACKER DR.  
STE 1300  
CHICAGO, IL 60601

(over)

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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.	<p>X <u>Jane F. Huynh</u> (Signature) Jane F. Huynh, a General Partner (Type or print name and title) (Name of General Partner if a corporation or other entity)</p>	1.	<p>35 E. Wacker Drive, Suite 1300 Number Street Chicago City/town Illinois 60601 State Zip Code 35 E. Wacker Drive, Suite 1300 Number Street Chicago City/town Illinois 60601 State Zip Code</p>
2.	<p>X <u>Jane F. Huynh</u> (Signature) Jane F. Huynh, President (Type or print name and title) Tandem Property Affiliates, Inc., the general partner (Name of General Partner if a corporation or other entity)</p>	2.	<p>Number Street City/town State Zip Code</p>
3.	<p>(Signature) (Type or print name and title) (Name of General Partner if a corporation or other entity)</p>	3.	<p>Number Street City/town State Zip Code</p>
4.	<p>(Signature) (Type or print name and title) (Name of General Partner if a corporation or other entity)</p>	4.	<p>Number Street City/town State Zip Code</p>
5.	<p>(Signature) (Type or print name and title) (Name of General Partner if a corporation or other entity)</p>	5.	<p>Number Street City/town State Zip Code</p>

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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 330, Centennial Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960