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Form LP 202
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

95462030

DEPT-01 RECORDING \$23.50
T#8666 TRAN 6805 07/17/95 14:23:00
#1240 SA *-95-462030
COOK COUNTY RECORDS

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)

95462030

- Limited partnership's name: Olivia Limited Partnership
- File number assigned by the Secretary of State: 500534
- Federal Employer Identification Number (F.E.I.N.): 363780720
- 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).

(d) 1904 Wright Blvd.
Schaumburg IL 60193 Cook

(e) 1904 Wright Blvd.
Schaumburg IL 60193

23.50
Jul

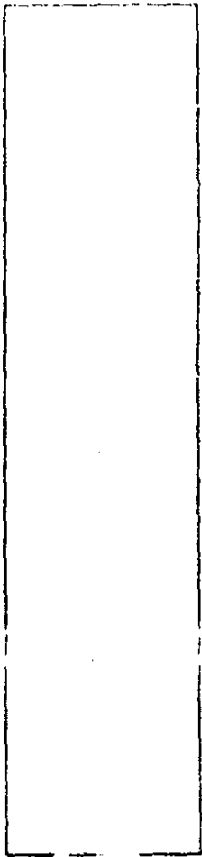
If additional space is needed, it must be continued on the reverse side and/or in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

CLP-9.5

MAIL TO: *Stuart Lo:* JOSEPH S. KAYNE
140 S. DEARBORN ST.
SUITE 800
CHICAGO, IL 60603

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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 partnership must be signed by a general partner in new limited partnerships and at least one withdrawing general partner.

SIGNATURE AND NAME

BUSINESS ADDRESS

Signature *[Signature]*
Type or print name and title Kenneth S. Struck,
President of sole
general partner,
Western Counties Development Corporation
Name of General Partner if a corporation or

Number/Street 1901 Wright Blvd.
City/Town Schaumburg
State IL Zip Code 60193

other entity _____

Signature _____

Number/Street _____

Type or print name and title _____

City/Town _____

Name of General Partner if a corporation or

other entity _____

State _____ Zip Code _____

Signature _____

Number/Street _____

Type or print name and title _____

City/Town _____

Name of General Partner if a corporation or

other entity _____

State _____ Zip Code _____

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

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

95462030