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Form 33  
(Rev. Jan. 1993)

35674279

Filing Fee \$25

SUBMIT IN DUPLICATE!

LC001448 SOSIL 09/05/95  
25.00 FF 0000091446 FILED

DEPT-01 RECORDING \$23.50  
FF0008 TRAN 4216 10/04/95 13:17:00  
\$3430 + LF # - 95 - 674279  
COOK COUNTY RECORDER

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

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

All correspondence  
regarding this filing will  
be sent to the registered  
agent of the limited  
partnership unless a self-  
addressed envelope with  
post-paid postage  
included.

1. Limited partnership's name: Baitour Executive Fund-82
2. File number assigned by the Secretary of State: LC001448
3. Federal Employer Identification Number (F.E.I.N.): 36-3172102
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 name and/or business address (give name and new address below).
  - f) Change in the partner's 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 and E) **Benneckburn Lake Office Plaza**  
2355 Hankegas Road - Suite A200  
Benneckburn, Illinois 60015 (Lake County)

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-33

95674279

23.50

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### B. 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 now general partners and at least one withdrawing general partner.

Property of Cook County Clerk's Office

**SIGNATURE AND NAME**  
Balcor Partners - 82, an I L  
general partnership, the sole  
general partner

By: RGF-Balcor Associates, II, an  
I L general partnership  
By: The Balcor Company, a DE  
corp.

By: Signature [Signature]

Type or print name and title Jerry M. Cole

Vice President + Secretary

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

**BUSINESS ADDRESS**  
Number/Street 2355 Waukegan Road, Suite A200

City/town Barrackburn,

State Illinois Zip Code 60015

Number/Street \_\_\_\_\_

City/town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number/Street \_\_\_\_\_

City/town \_\_\_\_\_

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, Hotel Building  
Springfield, Illinois 62758  
Telephone: (217) 786-3800

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