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(Rev. Jan. 1995)

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DEFT-01 RECORDING \$23.00 747777 TRAN 1395 10/19/95 11:13:00 79440 7 SK *-95-711497 COOK COUNTY RECORDER

All correspondence regarding this filting will be sent to the registered agent of the limited partnership unless a selladdressed envelope with pre-paid postage is included.

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT TO THE APPLICATION FOR ADMISSION (toreign limited partnership)

7.	Limile	partnership's name: Tucker Management Limited Partnership			
2.	File number assigned by the Secretary of State: S007695				
3.	Federal Employer Identification Number (F.E.I.N.). 36-39(8550				
4.	Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:				
		n/a			
5 .	The application for admission to transact business is amended as follows: (Check all applicable changes) (Address changes - P.O. Box alone and c/o are unacceptable)				
	<u>×</u> a)	Admission of a new general partner (give name and business address below).			
	_ ≭ þ)	Withdrawal of a general partner (give name below).			
	<u>x</u> c)	X 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 902 of the Act are kept (give new address, Including county, below).				
	e) Charge in the general partner's name and/or business address (give name and new address below).				
	<u></u> n	f) Change in limited partnership's name (give new name below).			
	g) Change in date of dissolution (give new date below).				
	h)	Other (give information below).			
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CLP-10.4

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Form LP 905 (Rev. Jan. 1995)

5a) Tucker Management Corporation 40 Skokie Boulevard Northbrook, IL 60062-1626

5b) Tucker Operating Limited Partnership

5c) Kenneth L. Tucker 40 Skokie Boulevard Northbrook, IL 60062-1626

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

6. 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 Signature AND NAME	Street 40 Skokie Blvd.		
Type or print name and title <u>KERNETH I INCKER</u>	Cintown Northbrook		
President Name of General Partner if a corporation or other entity Tucker Management Corporation	Shire St.	7in Codo (00 (2 - 1 (2 (
Rignature ACCE COMPANIES	State IL Street 40 Skokir Blvd.		
Type or print name and title KENNETH L. TUCKER	City/town Northbrook)	
Name of General Partner if a corporation or Yucker Operating Limited Partnership	State IL	Zip Cuda60062-1626	
Other entity By: Tucker Properties Corporation Signature	Street		
Type or print name and title KENNETH L. TUCKER PRESIDENT	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	

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

FORMS OF PAYMENT:

91938888888 CT 58-58 CT 17899

FILED

Payment must be made by certified check, cashier's check, Iflinois attorney's check, Iflinois 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