

UNOFFICIAL COPY

Form LP-202
(Rev. Jan. 1995)

95404690

Filing Fee \$25

SUBMIT IN DUPLICATE!

COOK COUNTY SOSIL 12/26/95
25.00 FF 0000085806 FILED

DEPT-01 RECORDING \$23.00
T#2222 TRAN 1458 12/28/95 16:34:00
#2354 + KB *-95-904690
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 pre-paid postage is included.

- Limited partnership's name: Hampton Plaza Health Care Center Real Estate Limited Partnership
- File number assigned by the Secretary of State: C006604
- Federal Employer Identification Number (F.E.I.N.): 36-3769396
- 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).

c) Judith S. Sherwin
33 W. Monroe St., 21st Fl., Chicago, IL 60603

d) and e) New zip code only:
60714

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.

23

UNOFFICIAL COPY

Form F 20
(Rev. Jan. 1995)

COURT-COMPUTER SERVICES, INC.
25.00 PF 0000085806 FILED

S. 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 | |
| Signature <u><i>B. Behr</i></u> | |
| Type or print name and title <u>Burton Behr, General</u> | |
| <u>Partner</u> | |
| 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 _____ | |
| Signature _____ | |
| Type or print name and title _____ | |
| Name of General Partner if a corporation or | |
| other entity _____ | |

| | |
|--|-----------------------|
| BUSINESS ADDRESS | |
| Number/Street <u>8555 Maynard Road</u> | |
| City/town <u>Niles</u> | |
| State <u>IL</u> | Zip Code <u>60714</u> |
| 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 confirmed 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

Boy
242