

UNOFFICIAL COPY

Filing Fee \$25

SUBMIT IN DUPLICATE!

GEORGE H. RYAN
Secretary of State
State of Illinois

95002725

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.

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

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1. Limited partnership's name: Monroe Associates

95002725

2. File number assigned by the Secretary of State C 003281

95002725

3. Federal Employer Identification Number (F.E.I.N.): 36-3303089

4. The certificate of limited partnership is amended as follows:

DEPT-01 RECORDING \$23.50
T66666 TRAN 3415 01/03/95 16124100
9454 + LC # -95-002725
COOK COUNTY RECORDER

(Check all applicable changes)

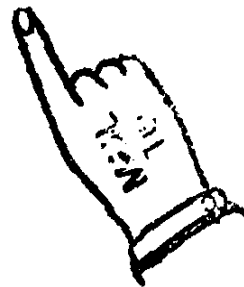
(Address changes P.O. Box alone and c/o are unacceptable)

- 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).

b. Sterling Investment Corp.

c. Malcolm S. Kamin
Suite 3800, 1 East Wacker Drive, Chicago, IL 60601 (Cook County)

d. 944 W. Grace St. (Suite B-101)
Chicago, IL 60613 (Cook County)



2350

5 NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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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

1. *Milt* (Signature)
Milt (Type or print name and title)
 _____ (Name of General Partner if a corporation or other entity)

2. *M. Samotny* (Signature)
President Macc Samotny (Type or print name and title)
Sterling Investment Corp. (Name of General Partner if a corporation or other entity)

3. _____ (Signature)
 _____ (Type or print name and title)
 _____ (Name of General Partner if a corporation or other entity)

4. _____ (Signature)
 _____ (Type or print name and title)
 _____ (Name of General Partner if a corporation or other entity)

5. _____ (Signature)
 _____ (Type or print name and title)
 _____ (Name of General Partner if a corporation or other entity)

BUSINESS ADDRESS

1. 944 W. Grace St., Suite B-101
 Number Street
Chicago
 City/Town
IL 60613
 State Zip Code

2. 33 W. Monroe St., Suite 2100
 Number Street
Chicago
 City/Town
IL 60603
 State Zip Code

3. _____
 Number Street

 City/Town

 State Zip Code

4. _____
 Number Street

 City/Town

 State Zip Code

5. _____
 Number Street

 City/Town

 State Zip Code

950027135

(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 357, Howlett Building
 Springfield, Illinois 62756
 Telephone: (217) 785-8960

950027135