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Filing Fee \$35

GEORGE H. RYAN
Secretary of State
State of Illinois

SUBMIT IN DUPLICATE

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

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

RECORDED
INDEXED
JAN 27 1995
COOK COUNTY REC'D

1. Limited partnership's name: JEFFERY PARTNERS

2. File number assigned by the Secretary of State: S000906

3. Federal Employer Identification Number (F.E.I.N.): 36 3502763 ~~DEPT 01 RECORDING 428 50~~

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)

1400RB TRAN 5640 01/27/95 10:15:04
#7268 # JB * -95-063956
COOK COUNTY RECORDER

- 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) City Lands Corporation~~
5100 W. Harrison
Chicago, IL 60644

(Cook County)

e) Listed as: City Lands Corp.
Change to: City Lands Corporation
5100 W. Harrison
Chicago, IL 60644

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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.	<p><u><i>Susan M. McCann</i></u> (Signature) Susan M. McCann, President (Type or print name and title) City Lands Corporation (Name of General Partner if a corporation or other entity)</p>
2.	<p><u><i>Susan M. McCann</i></u> (Signature) Susan M. McCann, President (Type or print name and title) City Lands Corp. (Name of General Partner if a corporation or other entity)</p>
3.	<p>_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p>
4.	<p>_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p>
5.	<p>_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)</p>

BUSINESS ADDRESS	
1.	<p>5100 W. Harrison Number Street Chicago City/town IL 60644 State Zip Code</p>
2.	<p>5100 W. Harrison Number Street Chicago City/town IL 60644 State Zip Code</p>
3.	<p>_____ Number Street _____ City/town _____ State Zip Code</p>
4.	<p>_____ Number Street _____ City/town _____ State Zip Code</p>
5.	<p>_____ Number Street _____ City/town _____ State Zip Code</p>

(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

CITY LAND CORP
 C/O SOUTH SHORE BANK
 5100 W. HARRISON
 CHICAGO IL 60644

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