LINOFFICIAL COPY

(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

૭૯^{ાત}ાના છ

DEPT-01 RECORDING \$23.50
T47777 TRAN 4161 06/11/96 11:27:00
\$0222 \$ JL *-96-444050
COOK COUNTY RECORDER

25.00 FF 6000092306 FILED

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.

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

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

1.	Limited partnership's name: Eastgate Shopping Center Investment Company				
2.	File number assigned by the Secretary of State: S001202				
3.	Federa	al Employer Identification Number (F.E.I.N.): 99-0253627			
4.	The certificate of limited partnership is amended as follows: (Check al! applicable changes) (Address changes P.O. Box alone and c/o are unacceptable)		Clary	96444050	
	a)	Admission of a new general partner (give name and busines	ss address below)		
	b)	Withdrawal of a general partner (give name below).	0		
	<u>X</u> c)	Change of registered agent and/or registered agent's office (give new name and address, including county below). 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).			
	d)				
	e)				
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).			t below).		
	h)	Change in date of dissolution (give new date below).	Mary Ashray	Mary Mahranski	
	i)	Other (give information below).	The same of the sa	Mary Dobranski BF KP 333 W. Wacker Or. 2700 Chicago, 16 60606	

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.

Form Rule FFICIAL COPY (Rev. Jan. 1995)

\$001202 \$0\$IL 06/03/96 25,00 FF 0000092306 FILE c) Old Information
Howard A. Nagelberg
444 North Michigan Avenue
Suite 2500
Chicago, Illinois 60611

New Information Howard A. Nagelberg 333 West Wacker Drive Suite 2700 Chicago, Illinois 60606

5. 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 windrawing general partner.

SIGNATURE AND NAME	Business Address
Signature Signature AND NAME	Number/Street 150 N. Wacker Dr., 16th Floor
Type or print name and title Michael T. Tomasz, Pres	. City/town Chicago
Tomasz/Shidler Investment Corporation	<u></u>
Name of General Partner if a corporation or	4h*
other entity	State Illinois Zip Code 60606
Signature	Number/S reet
Type or print name and title	City/town
Name of General Partner if a corporation or	38444050
other entity	StateZip Code
Signature	Number/Street
Type or print name and title	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 on

FORMS OF PAYMENT:

be used on conformed copies.)

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