## OFFICIAL COPY

Form LP 202

(Rev. Jan. 1995)

96487943

Filing Fee \$25

SUBMIT IN DUPLICATE!

5010630 SUSIL 06/14/96 25.00 FF 0000092816

FF 0000092816 FILED

DEPT-U1 RECORDING \$25.00 T\$7777 TRAN 4883 06/25/96 12:25:00 1497 RH # 76-48794:3 COOK COUNTY RECORDER

All corresuondence lliw pn'it eint pnibager be sent to the registered agent of the limited partnership unless a seliaddressed 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.	Limite	d partnership's name: Golub 40 E. Delawre Investors, L.P.			
2.	File number assigned by the Secretary of State:				
3.					
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)				
	a)	Admission of a new general partner (give name and business address below).			
	b)	Withdrawal of a general partner (give name below).			
	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).				
	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).			

See attachment

If additional space is needed, it must be continued on the reverse side/arid/or in the same format on a plain while 8 1/2" x 11" sheet, which must be stapled to this form.

C LP-9.5

**BOX 416** 

# FUNDEFICIAL COPY

(Rev. Jan. 1995)

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5. MAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original cartificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

Signature Signature AND NAME	ME	Number/Street 625 Nort	h Michigan Avenue, Suite 2000
Type or print name and title Hichael		City/town Chicago	
General Partner		4	
Name of General Partner if a corporation	n or		
other entity	,	State Zillenis	Zip Code60611
Signature		At ask astOtenses	
Type or print name and title	· · · · · · · · · · · · · · · · · · ·	City/town	<u>^</u>
Name of General Partner if a corporation	n or		Oc
other entity			
Signature	;	Number/Street	, CO
Type or print name and title	: :	City/town	
Name of General Partner if a corporation	· ·		
other entity		State	Zip Code
(Signatures must be in BLACK INK on an	n original docume	nt. Carbon copy, photocopy or ru	bber stamp signatures may only

#### 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

## **UNOFFICIAL COPY**

Certificate of Amendment Golub 40 E. Delaware Investors, L.P.

### 4.c. Change of Registered Agent's address

David Glickstein
203 North LaSalle Street
Suite 1800
Chicago, Cook County, Illinois 60601

### 4.d. Change in the address of the office at which records are kept

625 North Aichigan Avenue Suite 2000 Chicago, Cook County, Illinois 60611

### 4.e. Change in the general partners' address

Eugene Golub
625 North Michigan Avenue
Suite 2000
Chicago, Cook County, Illinois 606 1

Michael Newman 625 North Michigan Avenue Suite 2000 Chicago, Cook County, Illinois 60611

Lee Golub 625 North Michigan Avenue Suite 2000 Chicago, Cook County, Illinois 60611

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Property of Cook County Clerk's Office