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Form LP 201
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE

5001605 S0SIL 06/21/96
25.00 FF 0000093069 FILED

96503594

DEPT-01 RECORDING \$23.00
T#2222 TRAN 1370 07/01/96 09:14:00
#9110 JL #-96-503594
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: Pine Island Capital Group
- File number assigned by the Secretary of State: 5001605
- Federal Employer Identification Number (F.E.I.N.): 36-183656
- 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) Bruce L. Boruszak
225 W. Wacker Drive
Chicago, IL 60606-1229 Cook County

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.

CLP-9.5

96503594

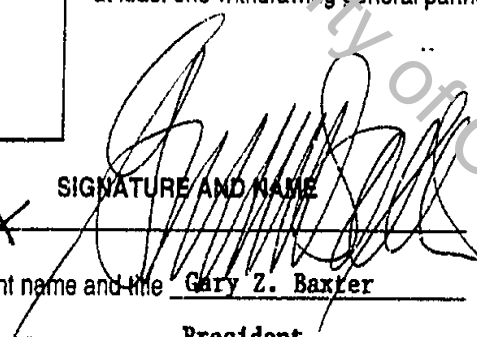
Box 195
Benjamin

5001005 S05IL 06/21/96
25.00 FF 0000093089 FILED

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 withdrawing general partner.

SIGNATURE AND NAME
Signature X 
Type or print name and title Gary Z. Baxter
President

BUSINESS ADDRESS
Number/Street 105 W. Adams - Ste 3700
City/town Chicago

Name of General Partner if a corporation or other entity Pine Island Corporation

State Illinois Zip Code 60603

Signature _____
Type or print name and title _____

Number/Street _____
City/town _____

Name of General Partner if a corporation or other entity _____

State _____ Zip Code _____

Signature _____
Type or print name and title _____

Number/Street _____
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 only be used on conformed 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."

RETURN TO:
Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

DO NOT SEND CASH!