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Form LP 202
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

96503598

0002401 SUSIL 06/21/96
25.00 FF 0000093091 FILED

DEPT-01 RECORDING \$23.00
T#2222 TRAN 1372 07/01/96 09:16:00
#9114 # JL #-96-503598
COOK COUNTY RECORDER

Property of Cook County Clerk's Office

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)

- Limited partnership's name: The Davis Street Partnership
- File number assigned by the Secretary of State: 0002401
- Federal Employer Identification Number (F.E.I.N.): 363303201
- 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.

Box 195
Benjamin
23 BWA

96503598

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C002401 S05IL 06/21/96
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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 [Handwritten Signature]
Type or print name and title Gary Z. Baxter
President

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

Name of General Partner if a corporation or other entity AJB Real Estate, Inc.
Signature _____

State Illinois Zip Code 60603
Number/Street _____

Type or print name and title _____

City/town _____

Name of General Partner if a corporation or other entity _____

State _____ Zip 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 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!

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