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All charaspondence regarding this filling will be sunt to the cogistered agent of the limited partnership unicas a selfaddressed envelope with pre-naid postage is included.

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT TO THE APPLICATION FOR ADMISSION (foreign limited partnership)

٦,	. Limited partnership's name: Beta Dearborn'. Ditted Partnership 2	
2,	File number assigned by the Secretary of State: S00/cool	
3,	Federal Employer Identification Number (F.E.I.N.): 363713018	
4.	Admittl	ng name or assumed name, if any, under which the limited nationarship is transacting business in Illinois:
5	(Check	plication for admission to transact business is amended as follows: all applicable changes) as changes - P.O. Box alone and c/o are unacceptable) 966.24256
	<u>X</u> a)	Admission of a new general partner (give name and business address below).
	<u>X</u> 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).
	<u>X</u> d)	Change in the address of the office at which the records required by Section 902 of the Act are kept (give new address, Including county, below).
	e>	Change in the general partner's name and/or business address (give name and new address below).
	<u>1)</u>	Change in limited partnership's name (give new name below).
	<u> </u>	Changa in data of dissolution (give new date below).
	h)	Other (give information below).
Ç l	Plea with LP-10.4	(over) se see Three-Party Agreement dated 12-14-93 between the new general partner and the drawing general partner attached hereto and made a part hereof.

(ILL. - LP 2830 - 12/28/94)

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Property or Coot County Clert's Office

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FULL COPY New general partner as of 12-14-93 (a) USL Beta, Inc. G 733 Front Street あるないないのある San Francisco, CA 94111 (b) Withdrawing general partner as of 12-14-93: 0004660 0004066 Deerbath Capital Partners, Inc. I (d) Records are kept at: 528400000 FF 96/600000 FF -733 Front Street City and County of San Francisco, CA 94111 If no titional space is needed, it must be continued in the same formation a plain white 8 1/2" x 11" shee; which must be stapled to this form. FILE 6. Name(3) & Business Address(ES) of General Partner(S) The undersigner 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 withors wing general partner. SIGNATURE AND DAME Street 733 Front Street Signature A Type or print name and title David W. Ellis City/town San Francisco Vice President Name of General Partner if a corporation or other entity USL Beta, Inc. Zip Code 94111 Street Former address: 100 Field Dr., Signature See signature on Three-Party Agreement One Conway Purk Type or print name and this Julian F. De Pree, Jr. City/town _____ Forest Managing Director Name of General Partner if a corporation or other emity Deerpath Capital Partners, Inc. I Zip Code <u>60045</u> State

(Signatures must be in <u>BLACK INK</u> on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

FORMS OF PAYMENT:

Signature _____

other entity

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.F.A.'s check or money order, payable to 'Secretary of State."

Name of General Partner II a corporation or

Type or print name and this _____

DO NOT SEND CARH!

RETURN TO:

City/town ___

Secretary of State

Department of Business Service 11 11

Limited Partnership Division

Room 357, Howiett Building

Springfield, Illinois 62756

Telephone: (217) 785-8960

. .

State _____ Zip Code

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