

# UNOFFICIAL COPY

Form LP 202  
(Rev. Jan. 1995)

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SUBMIT IN DUPLICATE!

COOK COUNTY CLERK'S OFFICE  
25.00 F5 0000096171 FILED

DEPT-01 RECORDING 623.50  
T05555 TRAN 4245 10/25/96 1414100  
99170 : J.J \* -96--816816  
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.

1. Limited partnership's name: EP Limited Partnership
2. File number assigned by the Secretary of State: C003126
3. Federal Employer Identification Number (F.E.I.N.): 363619769
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).
  - 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).  
 Withdrawing General Partners-  
 Margaret Christie and Michael Anderson

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.

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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 *Michael Anderson*  
 Type or print name and title Michael Anderson  
General Partner  
 Name of General Partner if a corporation or  
 other entity \_\_\_\_\_

**BUSINESS ADDRESS**  
 Number/Street 1250 Larkin Ave, Suite 100  
 City/town Elgin, IL 60123  
 State IL Zip Code 60123

Signature *Mark Lambert*  
 Type or print name and title Mark Lambert  
General Partner  
 Name of General Partner if a corporation or  
 other entity \_\_\_\_\_

Number/Street 1564 West Algonquin Road  
 City/town Hoffman Estates  
 State IL Zip Code 60195

Signature *Craig Whitehead*  
 Type or print name and title Craig Whitehead  
General Partner  
 Name of General Partner if a corporation or  
 other entity \_\_\_\_\_

Number/Street 1564 West Algonquin Road  
 City/town Hoffman Estates  
 State IL Zip Code 60195

(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!

SECRET