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SUMMIT IN DUPLICATE

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GEORGE H. RYAN Secretary of State State of Illinois

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

OFFICE USE ONLY

1007094 5051L 10/01/96 25.00 FF 0006094722 FILED

(Check all applicable changes) (Address changes P.O. Box alone and do are unacceptable) a) Admission of a new general partner (give name below). b) Withdrawal of a general partner (give name below). X c) Change of registered agent and/or registered agent's office (give new name and address, including county below). X 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). Change in the general partners name and/or business address (give seme and new address below). Change in the partners' total aggregate contribution amount (give new dolls amount below). Change in limited partnership's name (give new name below). Change in date of dissolution (give new date below). Registered Agent (ilton R. Pinsky 70 Frontage Road, Suite 123	I,	Limited	i partnership's itsme:	Reech Pointe Limited Pa	rtnership				
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70 Frontage Road, Suite 123	١	2/12	Registered Age	nt					
		*C/\							
Northfield, Illinois 60093									

(DYBI)

60093

Address Where Records Are Kept

770 Frontage Road

Northfield, Illinois

Suite 123

An An

NAME(S) & BUSINESS ADDRES

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

Ranner Investments, Inc.

GP of Banner Equities Limited Partnership

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

LE - C. I MA	SIGNATURE AND NAME		BUSINESS 770 Frontage Ro	ADDRESS ad, Suite 123	
1.	(Signature)	1.	Number Northfield	Street	
	Milton Pinsky - President of GP of GP (Type or print name and ble)			City/town 60093	
	The Partnership Limited Partnership		Illinois	Zip Cone	
	(Name of General Partner if a corporation or other entity)			الجوار فتوم مستور والمراور والمستور وال	-
	(Signature)	2.	Number	Sireet	
2.				Cityrown	
	(Type or print name and title)			Zip Coco	-
	(Name of General Partner / Corporation or other entity)	•	Sue		
	(Signatur s)	3.	Number	Street	
3.				City/town	
	(Type or print name and de)			Zip Code	
	(Name of General Pariner it a corporation or ciner unity)	•	State		
	(Signature)	4.	Number	Street	
4.	(Signature)		الزجان والمراجعة والمراجعة والمراجعة المراجعة المراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة	City/town	
	(Type or print name and title)	C_{r}		Zia Coo	-
	(Name of General Partner if a corporation or other entity)		Stato		
		- 5.	Humber	Street	
5 .	(Signature)			City/town	
	(Type or print name and title)	_	C/	·	
	(Name of General Partner if a corporation or other entity)	-	State	Zip Code	
	(Kathe di Catalan Layana La anthony				

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

If additional space is needed, it must be continued in the same formation a plain white 8 1/2" x 11" snget, which must be stapled to this form.

FORMS OF PAYMENT:

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

DO NOT SEND CASH!

Secretary of State Department of Business Services Limited Partnership Division

RETURN TO:

Room 330, Centennizi Building Springlield, Illinois 62756

Telephone: (217) 785-8960

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