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96867789

Form LP 202
(Rev. Jan. 1991)

Filing Fee \$25

SUBMIT IN DUPLICATE!

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with return postage is included.

GEORGE H. RYAN
Secretary of State
State of Illinois

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

OFFICE USE ONLY

S005944 SOSIL 10/15/96
25.00 FF 0000097180 FILED

1. Limited partnership's name: 3710 N. Pine Grove Apartments Limited Partnership

2. File number assigned by the Secretary of State: S005944

3. Federal Employer Identification Number (F.E.I.N.): 363810319

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)

DEPT-01 RECORDING \$23.50
T87777 TRAM 2373 11/13/96 16:19:00
#2982 \$ F-1 #-96-867789
COOK COUNTY RECORDER

- 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).

Registered Agent

Milton R. Pinsky
770 Frontage Road, Suite 123
Northfield, Illinois 60093

Address Where Records Are Kept

770 Frontage Road
Suite 123
Northfield, Illinois 60093

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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

1. *Milton Pinsky*
(Signature)
Milton Pinsky - Trustee
(Type or print name and title)
The Milton Pinsky Trust
(Name of General Partner if a corporation or other entity)
2. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)
3. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)
4. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)
5. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

BUSINESS ADDRESS

1. 770 Frontage Road, Suite 133
Number Street
Northfield
City/Town
Illinois 60067
State Zip Code
2. _____
Number Street

City/Town

State Zip Code
3. _____
Number Street

City/Town

State Zip Code
4. _____
Number Street

City/Town

State Zip Code
5. _____
Number Street

City/Town

State Zip Code

(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 format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

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."

DO NOT SEND CASH!

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 330, Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

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