

# UNOFFICIAL COPY

96867793

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 prepaid 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

C004234 SOSIL 10/01/96  
\$25.00 FF 0000096725 FILED

1. Limited partnership's name: Roscoe Apartments Limited Partnership

2. File number assigned by the Secretary of State: C004234

3. Federal Employer Identification Number (E.I.N.): 363352389

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  
T47777 TRAN 2373 11/13/96 16:21:00  
\$2936 + RH \*-96-867793  
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

96867793


96867793  
*[Handwritten signature]*

# UNOFFICIAL COPY

## 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		BUSINESS ADDRESS	
1.	 _____ (Signature) Milton Pinsky - President of General Partner (Type or print name and title) Banner Property Management, Inc. (Name of General Partner if a corporation or other entity)	1.	770 Frontage Road, Suite 133 _____ Number Street Northfield _____ City/Town Illinois 60093 _____ State Zip Code
2.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	2.	_____ Number Street _____ City/Town _____ State Zip Code
3.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	3.	_____ Number Street _____ City/Town _____ State Zip Code
4.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	4.	_____ Number Street _____ City/Town _____ State Zip Code
5.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	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."

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

**DO NOT SEND CASH!**

9306793