Form LP 202 (Rev. Sen. 1901)

Filing Fee \$25

CUPAS

STREET IN DUPLICATE

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UNOFFICIAL COPY

GEORGE H. RYAN Secretary of State State of Illinois

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

S004598 5051L 10/01/96 25.00 FF 0000096723 F1

1.	Limited	d partnership's name: The Barry/C	Cornelia Apartm	ments Limited Partnership	,					
2.	File nu	imber assigned by the Socretary of State:	S004598	S004598						
3.	Federa	al Employer Identification Number (F.E.i.N.):	363403480							
4.	4. The certificate of limited partnership is any indeed as follows: (Check all applicable changes) (Address changes P.O. Box alone and do are unacceptable) 2937 # RH = 96 Admission of a new general partner (give name and business address below). DEPT-02 FILING 147777 TRAN 2373 11/1: 2937 # RH = 96									
		Withdrawal of a general panner (give name I								
	- •	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 201 of the Act are kept (give new address, Including county below).								
	e)	e) Change in the general partners name and/or pusiness address (give name and new address below).								
	1)	Change in the partners' total aggregate conti	iribution amount (gi	ve new action amount below).						
	g)	Change in limited partnership's name (give n	new name below).	5						
	h)	Change in date of dissolution (give new date	3 below).	0,000,794						
	i)	Other (give information below).		0.3357794						
		Registered Agent		C						
		Milton R. Pinsky 770 Frontage Road, Suite 123 Northfield, Illinois 6009								
		Address Where Records Are a	<u>Kept</u>							
•		770 Frontage Road Suite 123	-	SCOGT	33					
		Northfield, Illinois 60093	3		•					

(OVET)

5. NAME(S) & BUSINESS ADDRESS(ES) OF CHARTING PARTNER(S) OPY

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.

BUSINESS ADDRESS

Milton Pinsky - President of General Partner (Type or print name and tide) Clayfown		That I style		770 Frontage	Road Suite	23
(Type or print name and title) Ranner Property Management, Inc. (Name of General Partner if a corporation or other entity) (Signature) (Signature) (Signature) (Name of General Former if a corporation or other entity) (Signature) (Signature) (Type or print name and title) (Type or print name and title) (Type or print name and title) (Name of General Partner if a corporation (r other entity) (Name of General Partner if a corporation or other entity) (Type or print name and title) (Type or print name and title) (Signature) (Name of General Partner if a corporation or other entity) (Name of General Partner if a corporation or other entity) (Signature) (Name of General Partner if a corporation or other entity) (Signature) (Type or print name and title) (Type or print name and title)		(Signature)		Number	Street	
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			•	1/-		

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

additional space is needed, it must be continued in the same formation a plain white 8 1/2" x 11" she et, which must be stapled 6 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) 785-6960

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