UNOFFICIAL COPY

Form LP 202 (Floor, Jan. 1991)

Pilling Fue \$25

PURMIT IN DUPLICATE!

All phrespendence regarding this diseased be sent to the registered agents of the limited portnership united a disease ent-addressed envelops with the partnership and addressed envelops.

96867796

GEORGE H. RYAN Secretary of State State of Illinois

CENTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illingis limited partnership)

1231 SDSIL 10/01/96

SDSIL 10/01/94 FF 0000094724	
25.00	
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1.	Limited partnership's name: Surf Apartments Limited Partnership
2.	File number assigned by the Secretary of State: C004231
3. 4 .	Federal Employer Identification Number (F.E.I.N.): 363355819 The certificate of limited partnership is amenued as follows: (Check all applicable changes) (Address changes P.O. Box alone and cro are unacceptable) a) Admission of a new general partner (give name and business address below). L c) Change of registered agent and/or registered agent's office (give new name and address, Including county below). L 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 raine and new address below). Change in the partners total aggregate contribution amount (give new dollar amount below). Change in limited partnership's name (give new name below).
	Registered Agent Milton R. Pinsky

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

Address Where Records Are Kept

770 Frontage Road Suite 123 Northfield, Illinois 60093

\$3050 35

5. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTHER(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			NESS ADDRESS Road, Suite 1	23
1.	(Signat-fra)	1.	Number	Street	
	Milton Pinsky - President of Coneral (Type or print name and tite)	Partner	Northfield	City/town	····
	Banner Property Management, Inc. (Name of General Partner if a corporation or other entity)		Illinois Same		60093 Zip Good
2.	(Signature)	2 .	Number	Street	. ————————————————————————————————————
	(Ty(e o' print name and title)			City/town	
	(Name of General Partn(/ 1) corporation or other entity)	-	Sue	يبدد بهروست مستحير	Zip Com
3.	(Signatury)	3 .	Number	Street	
	(Type or print name and all 2)			City/town	والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع
	(Name of General Partner if a corporation or corporation	-	State	\\\\\\\	Zip Cone
4.	(Signature)	4.	Number	Sireet	
	(Type or print name and tide)	C		City/town	
	(Hame of General Partner if a corporation or other entity)	- 6/	Siate		Zip Coos
5.	(Signature)	5 .	Number	Street	
	(Type or pant name and title)			Citynown	<u></u>
	(Name of General Partner if a corporation or other entity)		State		Zip Code

(Signatures must be in ink on an original document. Carbon copy, photocopy or subber starts a constures may only be used on conformed copies.)

It additional space is needed, it must be continued in the same formation a plain white 8 1/2" x 11" sheet, an ich 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

C004231 S08IL 10/01/96 25.00 FF 0000096724 FILED