

# UNOFFICIAL COPY

Form LP 905  
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

DEPT. OF RECORDING \$23.00  
170001 TRAC 7172 12/11/96 15355400  
21094 3 INC \* - 26 - 235 12.59  
COOK COUNTY RECORDER

98935239

Property of Cook County Clerk's Office  
98935239

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

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT  
TO THE APPLICATION FOR ADMISSION  
(foreign limited partnership)

1. Limited partnership's name: 500 North Michigan Avenue, L.P.
2. File number assigned by the Secretary of State: 5005665
3. Federal Employer Identification Number (F.E.I.N.): 133684512
4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois: 2700  
B
5. The application for admission to transact business is amended as follows:  
(Check all applicable changes)  
(Address changes - P.O. Box alone and c/o are unacceptable)
  - 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 802 of the Act are kept (give new address, including county, below).
  - e) Change in the general partner's name and/or business address (give name and new address below).
  - f) Change in limited partnership's name (give new name below).
  - g) Change in date of dissolution (give new date below).
  - h) Other (give information below).

(over)

RECORDING DESK  
BOX 170

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Form LP 905  
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3005665 525... 11/15/95  
25.00 LU 0000095838 FILED

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.

### 6. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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

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

#### SIGNATURE AND NAME

#### BUSINESS ADDRESS

Signature *Michael S. Lane*

Street 1201 North Market St., Suite 1403

Type or print name and title Michael S. Lane

City/town Wilmington

Vice President

New Castle County

Name of General Partner if a corporation or

other entity Nancy Creek, Inc.

State Delaware Zip Code 19801

Signature \_\_\_\_\_

Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_

City/town \_\_\_\_\_

Name of General Partner if a corporation or

other entity \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_

City/town \_\_\_\_\_

Name of General Partner if a corporation or

other entity \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on **unperfomed** copies.)

#### 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 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

**RECORDING DESK  
BOX 170**

**DO NOT SEND CASH!**