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Form LP 202
(Rev. Jan. 1995)

96979762

Filing Fee \$25

SUBMIT IN DUPLICATE!

RECORDED
INDEXED
DEC 30 1996
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DEPT-01 RECORDING \$23.50
T#6666 TRAN 5891 12/30/96 15:26:00
#8267 IR *-96-979762
COOK COUNTY RECORDER

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
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

- Limited partnership's name: S&H Limited Partnership
- File number assigned by the Secretary of State: C008227
- Federal Employer Identification Number (F.E.I.N.): 263988928
- The certificate of limited partnership is amended as follows:
(Check all applicable changes)
(Address changes P.O. Box alone and c/o are unacceptable)
 - Admission of a new general partner (give name and business address below).
 - Withdrawal of a general partner (give name below).
 - Change of registered agent and/or registered agent's office (give new name and address, including county below).
 - 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 name 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).
 - Change in date of dissolution (give new date below).
 - Other (give information below).

36379762
FRANKLIN
200 W MADISON STREET
SUITE 150
CHICAGO, IL 60606

7732 West 96th Place
Hickory Hills, IL 60457
Cook County, Illinois

If additional space is needed, it must be continued on the reverse side and/or in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

2352
JP

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Form LP-202
(Rev. Jan. 1995)

0005227 5051L 12/05/94
25.00 FF 0000099775 F-11ED

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
Signature <u></u>	Number/Street <u>7732 West 96th Place</u>
Type or print name and title <u>Roger Sanchez</u>	City/town <u>Hickory Hills</u>
Secretary/Treasurer <u>Vice President and Secretary</u>	
Name of General Partner if a corporation or other entity <u>DenMar Development Corp., Gen. Partner</u>	State <u>Illinois</u> Zip Code <u>60457</u>
Signature _____	Number/Street _____
Type or print name and title _____	City/town _____
Name of General Partner if a corporation or other entity _____	State _____ Zip Code _____
Signature _____	Number/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 conformed 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

DO NOT SEND CASH!