

UNOFFICIAL COPY

DO NOT SEND CASH!

RETURN TO:
Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

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."

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

Signature _____
 Type or print name and title _____
 Name of General Partner if a corporation or other entity _____

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 Type or print name and title _____
 Name of General Partner if a corporation or other entity _____

BUSINESS ADDRESS

Number/Street _____
 City/Town _____
 State _____ Illinois _____ Zip Code _____ 60644

Number/Street _____
 City/Town _____
 State _____ Zip Code _____

Number/Street _____
 City/Town _____
 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.)

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.

607556 SOSIL 12/06/95
 25.00 FF 000084959 FILED

DEPT-01 RECORDING \$23.50
 15555 TRAN 5094 01/09/96 09:49:00
 4389 JJ *-96-020306
 COOK COUNTY RECORDER

96020306

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Filing Fee \$25

SUBMIT IN DUPLICATE!

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25.00 FF 0000084969 FILED

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: PARKSIDE TERRACES LIMITED PARTNERSHIP
- File number assigned by the Secretary of State: S 007858
- Federal Employer Identification Number (F.E.I.N.): 363914505
- The certificate of limited partnership 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 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).
CORRECT GENERAL PARTNERS' NAME TO CITY LANDS CORPORATION.



Ronald Wilson
5100 W. Harrison
Chicago IL
60644

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.

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