

# UNOFFICIAL COPY

Form LP-9.5  
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

C004822 SOSIL 03/22/96  
25.00 FF 0000089387 FILED

DEPT-01 RECORDING \$23.50  
T40004 TRAN 2072 05/03/96 15:09:00  
49679 LF \*-96-339548  
COOK COUNTY RECORDER

96339548

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: LUTHER VILLAGE LIMITED PARTNERSHIP
- File number assigned by the Secretary of State: C 004822
- Federal Employer Identification Number (F.E.I.N.): 36 - 2675980

4. 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).

**C) CHANGE OF REGISTERED AGENT  
AND ADDRESS**  
NICK J. PORCARO  
233 S. WACKER DR SUITE 325  
CHICAGO IL 60606

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.

23.50  
Jan

96339548

Form LP 202  
(Rev. Jan. 1995)

# UNOFFICIAL COPY

Luther Village L.P.  
SEARS TOWER, STE 325  
CHGO, IL 60606



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### 2. 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 \_\_\_\_\_

Number/Street 233 S. WYCKOFF DRIVE # 325

Type or print name and title JOEL W. SMITH  
TREASURER

City/Town CHICAGO IL

Name of General Partner if a corporation or  
other entity CMS ARLINGTON, INC. GENERAL PARTNER OF  
CMS ARLINGTON ASSOCIATES L.P.  
GENERAL PARTNER

State ILLINOIS Zip Code 60606

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!**