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Form LP 202  
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

0001671 5051L 05/19/97  
25.00 FF 0000106364 FILED

DEPT-01 RECORDING \$23.50  
T#0011 TRAN 7932 06/23/97 14:47:00  
#2321 ÷ KP \*-97-449099  
COOK COUNTY RECORDER

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

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.

- Limited partnership's name: Southwest Partners Limited Partnership - II
- File number assigned by the Secretary of State: C1001071
- Federal Employer Identification Number (F.E.I.N.): 36-3580792
- 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). new name  
LC Southwest Partners Limited Partnership - II
  - h) Change in date of dissolution (give new date below).
  - i) Other (give information below).

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 MS

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### 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 *Paul Nielsen* SIGNATURE AND NAME

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

Paul C. Nielsen, Secretary

Name of General Partner if a corporation or

other entity LLC Southwest Investment

Signature Corporation - IV

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

Name of General Partner if a corporation or

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

Signature \_\_\_\_\_

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

Name of General Partner if a corporation or

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

Number/Street 900 N. Michigan Avenue BUSINESS ADDRESS

City/town Chicago, IL 60611

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

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.)

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