

# UNOFFICIAL COPY

Form LP-9.5  
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

DEPT-01 RECORDING \$23.00

T40008 TRAN 1010 07/31/97 12:53:00

43747 E J \*-97-556704

COOK COUNTY RECORDER

97556704

5067558 SOSIL 06/23/97  
25.00 FF 0000107777 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)

97556704

1. Limited partnership's name: EIP V Limited Partnership
2. File number assigned by the Secretary of State: 0007558
3. Federal Employer Identification Number (F.E.I.N.): 36-3902561
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).

d) 500 W. Madison Street  
Suite 2980  
Chicago, IL 60661

e) 500 West Madison Street  
Suite 2980  
Chicago, IL 60661

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.

23.00  
x

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Property of Cook County Clerk's Office

# UNOFFICIAL COPY

Form LP 202  
(Rev. Jan. 1995)

SP07558 SOSIL 06/23/97  
25.00 FF 0000107777 FILED

Box-26



### 3. 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.

97556704

#### SIGNATURE AND NAME

Signature

*Jeffrey S. Elowe*

Type or print name and title Jeffrey S. Elowe,  
President

Name of General Partner if a corporation or  
other entity Irving Corporation

Signature \_\_\_\_\_

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 \_\_\_\_\_

#### BUSINESS ADDRESS

Number/Street 500 W. Madison Street, Suite 2980

City/town Chicago

State Illinois Zip Code 60661

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 62758  
Telephone: (217) 785-8960