

Filing Fee \$25

SUBMIT IN DUPLICATE!

C009623 SOSIL 09/23/97
25.00 PA 0000026584 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 APPLICATION FOR ADMISSION
(foreign limited partnership)

1. Limited partnership's name: Mensjohn Real Estate Limited Partnership
2. File number assigned by the Secretary of State: 0019623
3. Federal Employer Identification Number (F.E.I.N.): 36-4174677
4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:

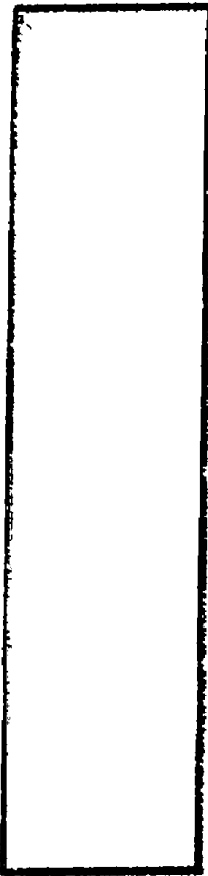
5. The application for admission to transact business is amended as follows:
(Check all applicable changes)
(Address changes - P.O. Box alone and c/o are unacceptable)
 - a) Admission of a new general partner (give name and business address below).
 - b) Withdrawal of a general partner (give name below).
 - 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 902 of the Act are kept (give new address, including county, below).
 - e) Change in the general partner's name and/or business address (give name and new address below).
 - f) Change in limited partnership's name (give new name below).
 - g) Change in date of dissolution (give new date below).
 - h) Other (give information below).

(over)

New name: Crest Hill Real Estate Limited Partnership

5-7
P-2
N-N
M-11
JHC

UNOFFICIAL COPY



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

6. 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

Signature *Jeffrey S. Elmer*

Type or print name and title Jeffrey S. Elmer, Manager

Name of General Partner if a corporation or other entity Elkor L.L.C.

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

Street 500 West Madison Street, Suite 2980

City/town Chicago, IL 60661

State _____ Zip Code _____

Street _____

City/town _____

State _____ Zip Code _____

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