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(Rov. Jan. 1995)

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SUBMIT IN DUPLICATE!

S007817 S0SIL 10/29/97 25.00 JJ 0000112898 FILED

All correst ondence regarding this illing will be sent to the registered agent of the limited partnership unless a sent addressed envelope with pre-paid postage is included.

5901 East Fowler Avenue

Tampa, FL 33617-2362

Hillsborough County

C I.P-10.4

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT
TO THE APPLICATION FOR ADMISSION
(toreign limited partnership)

5901 East Fowler Avenue

Tampa, FL 33617-2362

| t. | Limited  | partnership's name: Industry Mortgage Company, L.P.   |  |  |
|----|--|---|--|--|
| 2. | File number assigned by the Secretary of State: \$007817   |   |  |  |
| 3. | Federal Employer Identification Number (F.E.I.N.): 59-31934/0  |   |  |  |
| 4. | Admitting name or assumed name, if any, under which the limited pertainership is transacting business in illinois: |   |  |  |
|    |  | dustry Mortgage, L.P.   |  |  |
| 5. | (Check   | plication for admission to transact business is amended as follows: all applicable changes) as 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).                                 |  |  |
|    | _⅓d)   | 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). |  |  |
|    | رو لا  | Change in the general partner's name and/or business address (give name and new address below).   |  |  |
|    | 1)   | 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).   |  |  |
|    | 5 (  | (over)  1): Industry Mortgage Company, L.P. 5 e): Industry Mortgage Corporation   |  |  |

## FORMULA OF TOUR STORE 2 OF 1

(Rev. Jan. 1995)

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

## 6. NAME(S) & SUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of amandment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

| Signature Signature Signature  | BUSINESS<br>Street 5901 East Fow | S ADDRESS<br>Jer Avenue        |  |
|--|----------------------------------|--------------------------------|--|
|  |                                  |                                |  |
| Type or print name and titte Laurie S. Williams  | City/town Tampa                  |                                |  |
| (f/k/a: Laurie S. Wockenfuss), V.P.  | Ciylowii                         |                                |  |
| Name of General Partner If a corporation or 5753   | 1//                              |                                |  |
| other entity Industry Mortgage Corporation 1036  | 5 State Florida                  | Zip Code 33617-42362           |  |
| Signature  | Street                           | ;<br>                          |  |
| Type or print name and title   | City/town                        |                                |  |
| Name of General Partner if a corporation or  |                                  |                                |  |
| other entity   | State                            | Zip Code                       |  |
| Signature  | 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 <b>BLACK INK</b> on an original document, be used on conformed copies.) | Carbon copy, photocopy or ru     | bber stamp signatures may only |  |

## 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 CASHI

## RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62758
Telephone: (217) 785-8960