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Form LP 202
(Rev. Jan. 1995)

97000720

Filing Fee \$25

SUBMIT IN DUPLICATE!

DEPT-01 RECORDING 623.00
T#0009 TRAN 6407 01/02/97 14:42:00
#6911 # SK #-97-000720
COOK COUNTY RECORDER

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)

1. Limited partnership's name: D.P./ Limited Partnership
2. File number assigned by the Secretary of State: C015248
3. Federal Employer Identification Number (F.E.I.N.): 36-3062449
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).

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.

005948 8051L 12/27/96
25.00 FF 000100692 FILED

D. New Office of Records:

7303 N. Cicero Avenue
Lincolnwood, IL 60646
(Cook)

E. New address of General Partner:

7303 N. Cicero Avenue
Lincolnwood, IL 60646
(Cook)

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 AND NAME

Signature *Ronald F. Siegel*

Type or print name and title Ronald F. Siegel
Vice President of 18-Chai Corp., an IL corp.

Name of General Partner if a corporation or
other entity general partner of Chai Venture, an
IL L.P., general partner

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 7303 N. Cicero Avenue

City/town Lincolnwood

State Illinois Zip Code 60646

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) 785-8800