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SUBMIT IN DUPLICATE!

→ DEPT-01 RECORDING \$23.50 747777 TRAN 5268 01/08/97 11:04:00 \$7420 \$ RH *-97-016012

COOK COUNTY RECORDER

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a Falf 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.	Limite	d partnership's name: Hyde Park Investors		
2.	File nu	Imber assigned by the Secretary of State:	•	
3.	Federal Employer Identification Number (F.E.I.N.): 36-3232371			
(Check		certificate of limited partnership is amended as follows: ck all applicable changes) cess changes P.O. Box alone and c/o are unacceptable)		
	a)	Admission of a new general partner (give name and business address beicw).	()	
	<u>X</u> 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 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 being		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)	g) Change in limited partnership's name (give new name below).		
	h)	h) Change in date of dissolution (give new date below),		
	i)	Other (give information below).	şυ	
		Balloons, Inc., an Illinois corporation	h	

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



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.

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SIGNATURE AND NAME	BUSINESS ADDRESS
Signature Some J Hayru	Number/Street 222 N. LaSalle Street, Ste. 141
Type or print name and title Jane F. Huynh, General	City/town Chicago
Partner of Kenwood Investors	<u> </u>
Name of General Partner if a corporation or	<i>U</i> ₂
other entity Kenwood Investors, an Illinois L.P.	State Zllinois Zip Code 60601
Signature Paul A. Gilman	Number/Street DNE IBM PLAZA, SUITE 4040
Paul A. Gilman	
Type or print name and title President	City/town Citicago
Name of General Partner if a corporation or	T114mata S = (144
other entity Balloons, Inc., an Illinois Corp.	State Illinois Zip Code 606/1
Signature	Number/Street
Signature	
Type or print name and title	City/town
ं दे	
Name of General Partner If a corporation or	
other entity	State Zip Code
(Signatures must be in <u>BLACK INK</u> on an original document. C	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