

UNOFFICIAL COPY

Form LP 202
(Rev. Jan. 1995)

97090963

Filing Fee \$25

SUBMIT IN DUPLICATE!

DEPT-01 RECORDING \$23.50
T#2222 TRAN 2700 02/07/97 16:12:00
#8226 # KE *-97-090963
COOK COUNTY RECORDER

COOK COUNTY CLERK'S OFFICE
25.00 IA 0000024433 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)

1. Limited partnership's name: CHINATOWN SQUARE INVESTORS II LIMITED PARTNERSHIP

2. File number assigned by the Secretary of State: 0007116

3. Federal Employer Identification Number (F.E.I.N.): 363859385

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)

97090963

- 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).

cc: Raymond B. Lee
2169-A South China Place
Chicago, IL 60618-1536 (Cook County)

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.

2350
7E

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

BUSINESS ADDRESS

Signature *John Heimbaugh, Jr.*

Number/Street 2169-A S. CHINA PLACE

Type or print name and title John Heimbaugh, Jr. General Partner

City/town CHICAGO, IL 60616-1536

GENERAL PARTNER

Name of General Partner if a corporation or other entity _____

State IL Zip Code 60616-1536

Signature _____

Number/Street _____

Type or print name and title _____

City/town _____

Name of General Partner if a corporation or other entity _____

State _____ Zip Code _____

Signature _____

Number/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 **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."

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

DO NOT SEND CASH!

37090963