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97192929

Form LP1108C
(Rev. Jan. 1995)

FILING DEADLINE IS
FRIGHT TO 02/01/97

\$15 Filing Fee

Submit Typed
Duplicate

FORMS OF PAYMENTS
Payments must be made
by certified check,
cashier's check, Illinois
attorney's check, Illinois
O.P.A.'s check or money
order. Payable to
"Secretary of State"
DO NOT SEND CASH!

DEPT-01 RECORDING \$23.50
T#6666 TRAN 1211 03/20/97 10:57:00
19227 ÷ IR *-97-192929
COOK COUNTY RECORDER

C003911 HOSIL 01/27/97
15.00 MP 0000101839 FILED

SECRETARY OF STATE - STATE OF ILLINOIS
LIMITED PARTNERSHIP BIENNIAL RENEWAL REPORT

DO NOT MAKE CHANGES ON THIS FORM IF CHANGES ARE NECESSARY, USE FORM LP 202 (ILL. LP) OR LP 906 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

Registered Agent name and Registered Agent's office address.

LARRY MAYER & COMPANY
2100 N. ELSTON AVE. SUITE 200 COOK
CHICAGO, IL 60614

Limited Partnership Name: MILWAUKEE I-94 PROPERTY LIMITED PARTNERSHIP

Secretary of State's Assigned File Number: C003911
Federal Employer Identification Number: 388429427
State of Jurisdiction: ILLINOIS

If Foreign attach a current Certificate of Incorporation

I affirm this limited partnership still exists in Illinois.

Address of office where records required by Section 104 (Illinois) or Section 902 (Foreign) are kept:
2100 N. ELSTON AVE. SUITE 200 COOK
CHICAGO, IL 60614

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

Renewal report must be signed by a general partner.

Larry Mayer
(Signature)
Larry Mayer, President
(Type or Print Name and Title)
Larry Mayer & Company

(Name of General Partner if a corporation or other entity)
(Signature must be in black ink on an original document. Carbon copy, photo copy or rubber stamp
signature may only be used on conformed copies).

RETURN TO:
Secretary of State
Department of Business Services
Limited Partnership Division
Room 357 Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8980

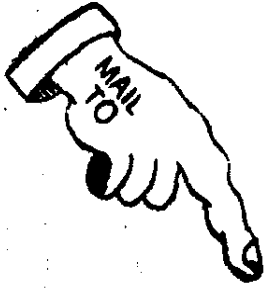
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LARRY MAYER & COMPANY
2100 N. ELSTON AVE. SUITE 200
CHICAGO, IL 60614

COOK

Property of Cook County Clerk's Office

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Form LP 202
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

C003911 SOSIL 02/13/97
25.00 FF 0000102543 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: Milwaukee I-94 Property Limited Partnership
2. File number assigned by the Secretary of State: C003911
3. Federal Employer Identification Number (F.E.I.N.): 366429427
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.

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Form LP 202
(Rev. Jan. 1995)

1950 N. Elston Avenue, Suite 200
Chicago, IL 60622
Cook County

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5. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S) SAME AS BUSINESS ADDRESS OF PARTNERSHIP

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 *Larry Mayer*

Type or print name and title Larry Mayer
President

Name of General Partner if a corporation or
other entity Larry Mayer & Company

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 1950 N. Elston Ave., Suite 200

City/town Chicago, IL 60622

Cook County

State _____ Zip Code _____

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) 785-8960

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