

# UNOFFICIAL COPY

97297177

Form LP 202  
(Rev. Jan. 1995)

5003117 5031L 04/02/97  
25.00 FF 0000104498 FILED

. DEPT-01 RECORDING \$23.50  
. T0013 TRAN 4847 04/29/97 10:13:00  
. #4044 TB \*-97-297177  
. COOK COUNTY RECORDER

## 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 *Vytas Ambutas*

Type or print name and title Vytas Ambutas, Asst. Sec.

Name of General Partner if a corporation or Sky Valley Holding, Inc.

other entity \_\_\_\_\_

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 1965 Pratt Blvd.

City/Town Elk Grove Village, IL 60007

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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Filing Fee \$25

SUBMIT IN DUPLICATE!

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25.00 FF 0000104496 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: SKY VALLEY LIMITED PARTNERSHIP
2. File number assigned by the Secretary of State: S003117
3. Federal Employer Identification Number (F.E.I.N.): 36-3645608
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).
- c) Vytas P. Ambutas, 1965 Pratt Blvd., Elk Grove Village, Cook County, IL 60007

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.