

Filing Fee \$25

SUBMIT IN DUPLICATE!

mail to:
P. Schultz
Applegate & Thorne-Thomsen
322 South Green, # 412
Chicago IL 60607

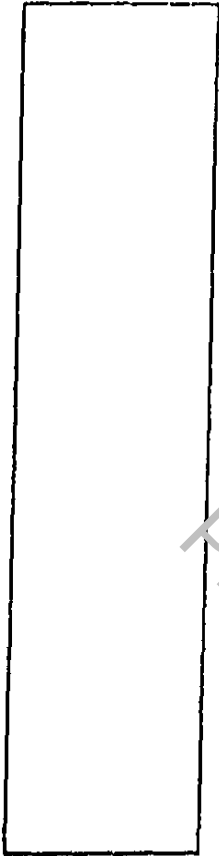
All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

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: Orchard Park Limited Partnership
2. File number assigned by the Secretary of State: 000025
3. Federal Employer Identification Number (F.E.I.N.): 36-3965095
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) New registered office address: Thomas Thorne-Thomsen, 322 South Green Street, S Suite 412, Chicago, Illinois 60607 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.



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
1. Signature <u>Christine M.J. Oliver</u>	Number/Street <u>360 N. Michigan Ave #2004</u>
Type or print name and title <u>CHRISTINE M.J. OLIVER</u>	City/town <u>Chicago, IL 60601</u>
<u>PRESIDENT</u>	
Name of General Partner if a corporation or <u>OPT, INC., member of Orchard Park, L.L.C.</u>	
other entity _____	State _____ ZIP Code _____
2. Signature _____	Number/Street _____
Type or print name and title _____	City/town _____
Name of General Partner if a corporation or _____	State _____ ZIP Code _____
other entity _____	Number/Street _____
3. Signature _____	City/town _____
Type or print name and title _____	State _____ ZIP Code _____
Name of General Partner if a corporation or _____	Number/Street _____
other entity _____	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