

# UNOFFICIAL COPY

98320384

Form LP 202  
(Rev. Jan. 1995)

7031/0070 53 001 Page 1 of 2  
1998-04-22 15:05:37  
Cook County Recorder 23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!

98320384

5010378 SSSL 01/30/98  
25.00 FF 0000117295 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)

- The Ashland Limited Partnership
1. Limited partnership's name: \_\_\_\_\_
  2. File number assigned by the Secretary of State: 5010378
  3. Federal Employer Identification Number (F.E.I.N.): 36-405518
  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).

Michael J. Zdeb  
6 West Hubbard Street, 5th Floor  
Chicago, Illinois 60610

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.

# UNOFFICIAL COPY

Form LP 102  
(Rev. Jan. 1995)

98321384

## 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 \_\_\_\_\_

Michael Houlihan

Type or print name and title \_\_\_\_\_

General Partner

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 \_\_\_\_\_

Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

Name of General Partner if a corporation or

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

### BUSINESS ADDRESS

Number/Street 134 N. LaSalle Street, #222B

Chicago

City/town \_\_\_\_\_

State Illinois Zip Code 60601

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