

Filing Fee \$25

SUBMIT IN DUPLICATE!

99494174



LPR305/05/99:01:9402:
S081L S008929 FILED 905
25.00 CK01

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 APPLICATION FOR ADMISSION
(foreign limited partnership)

1. Limited partnership's name: Chicago Downtown Summerfield Associates, L.P.
2. File number assigned by the Secretary of State: S008929
3. Federal Employer Identification Number (F.E.I.N): 48-1154065
4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:

5. The application for admission to transact business 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 agents office (give new name and address, including county, below).
 - d) Change in the address of the office at which the records required by Section 902 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 limited partnership's name (give new name below).
 - g) Change in date of dissolution (give new date below).
 - h) Other (give information below).

(over)

BOX 170

UNOFFICIAL COPY

Form LP 905
(Rev. Jan. 1995)

99494174

LPR305/05/99:01:9402:
SOSIL 5008929 FILED 905
25.00 CK01

WITHDRAWING GENERAL PARTNER:

Summerfield Suites Holding Corporation
8100 E. 22nd St. North, Bldg. 500
Wichita, KS 67226

NEW GENERAL PARTNER:

Summerfield Suites Holding, LLC
8100 E. 22nd St. North, Bldg. 500
Wichita, KS 67226

If additional space is needed, it must be continued in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

6. 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 R. Morse*

Street 8100 E. 22nd St. North, Bldg. 500

Type or print name and title John R. Morse, Sr. V.P.

City/town Wichita

Name of General Partner if a corporation or

other entity Summerfield Suites Holding Corporation, withdraw

State KS Zip Code 67226

Signature *John R. Morse*

Street 8100 E. 22nd St. North, Bldg. 500

Type or print name and title John R. Morse, Sr. V.P.

City/town Wichita

Name of General Partner if a corporation or

other entity Summerfield Suites Holding, LLC, new Gen. Ptr.

State KS Zip Code _____

Signature _____

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!

BOX 170