

Filing Fee \$25

SUBMIT IN DUPLICATE!



99559011

LPR309/30/99:01:7994: 25.00 MU
COST: 0004105 FILED: 202

Return to: Department of
Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, IL 62756
Telephone: (217) 785-8960
<http://www.sos.state.il.us>

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

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)
(Please type or print clearly)

Sutherland Limited Partnership

1. Limited partnership's name: _____
2. File number assigned by the Secretary of State: 0004105
3. Federal Employer Identification Number (F.E.I.N.): 36-3638812
4. The certificate of limited partnership is amended as follows:
(Check all applicable changes here and specify them in item 5.)
(Address changes, P.O. Box alone and c/o are unacceptable)
 - a) Admission of a new general partner (give name and business address in item 5 on reverse).
 - b) Withdrawal of a general partner (give name in item 5 on reverse).
 - c) Change of registered agent and/or registered agent's office (give new name and address, including county on item 5 on reverse).
 - 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, in item 5 on reverse).
 - e) Change in the general partners name and/or business address (give name and new address in item 5 on reverse).
 - f) Change in the partners' total aggregate contribution amount (give new dollar amount in item 5 on reverse).
 - g) Change in limited partnership's name (give new name in item 5 on reverse).
 - h) Change in date of dissolution (give new date in item 5 on reverse).
 - i) Other (give information in item 5 on reverse).

APPLEGATE & THORNE-THOMSEN, P.C.
322 SOUTH GREEN STREET, SUITE 412
CHICAGO, ILLINOIS 60607
312-421-2400

5. Place Item #4 changes here:

4(c). Sidney L. Mohn
208 South LaSalle Street, Suite 1818
Chicago, Illinois 60604
Cook County

If additional space is needed for item 4, 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.

1. Signature [Signature] SIGNATURE AND NAME
Number/Street 208 S. LaSalle St., Suite 1818 BUSINESS ADDRESS
Type or print name and title Sid L. Mohn City/town Chicago

Name of General Partner if a corporation or other entity Sutherland Neighborhood Development Corporation State Illinois ZIP Code 60604

2. Signature _____ Number/Street _____
Type or print name and title _____ City/town _____

Name of General Partner if a corporation or other entity _____ State _____ ZIP Code _____

3. Signature _____ Number/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.)

DO NOT SEND CASH!

ASPLIGATE & THORNTON, P.C.
325 SOUTH GREEN STREET, SUITE 413
CHICAGO, ILLINOIS 60604
312-551-8400