

UNOFFICIAL COPY

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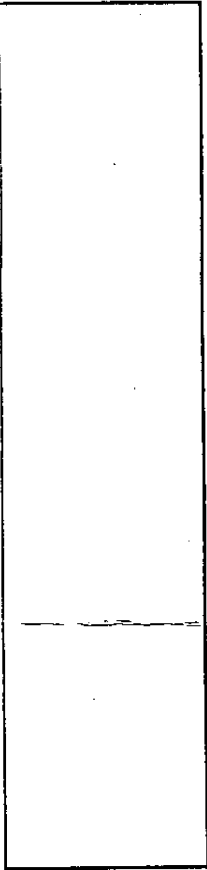


99129712

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

*Patrick D. Quinn*

Type or print name and title Patrick D. Quinn  
Vice President

Name of General Partner if a corporation or  
other entity Westport Housing Corporation

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

(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!

BUSINESS ADDRESS

Number/Street 12100 Wilshire Blvd, Ste 1400

City/town Los Angeles, CA 90025

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number/Street \_\_\_\_\_

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

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number/Street \_\_\_\_\_

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

State \_\_\_\_\_ Zip Code \_\_\_\_\_

RETURN TO:

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

Form LP 202  
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

S002389 SOSIL 09/01/98  
25.00 FF 0000126266 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: Leawood Apartments Company
2. File number assigned by the Secretary of State: S002389
3. Federal Employer Identification Number (F.E.I.N.): 95-3238560
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).

Anthony J. Fusco  
36 South Wabash, Suite 310  
Chicago, Illinois 60603



Cooks 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.