

UNOFFICIAL COPY**99269952**

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1999-03-19 13:45:46

Cook County Recorder

25.50

SUBMIT IN DUPLICATE:



99269952

CO07379 SOSIL 02/22/99
25-00 IA-0000030203 FILED

Return to: Department of
Business Services
Limited Partnership Division
Room 357
Springfield, IL 62758
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.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

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

1. Limited partnership's name: 50th and Michigan L.P.
2. File number assigned by the Secretary of State: CO07379
3. Federal Employer Identification Number (F.E.I.N.): 36-3886921
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).

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5 Place item #4 changed here.

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See Exhibit A attached hereto and made a part hereof.

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 *William W. Higginson* SIGNATURE AND NAME
 Number/Street One East Superior Street BUSINESS ADDRESS
Suite 604
 Type or print name and title William W. Higginson City/town Chicago
President
 Name of General Partner if a corporation or
Investment Management Corporation,
 other entity an Illinois corporation State Illinois ZIP Code 60611

2. Signature *Dennis R. Egidi*
 Number/Street 200 S. Milwaukee Ave.
Suite 170
 Type or print name and title Dennis R. Egidi City/town Libertyville
President
 Name of General Partner if a corporation or
 other entity DRE, Inc., an Illinois State Illinois ZIP Code 60048
Corporation

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 conforming copies.

DO NOT SEND CASH!

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EXHIBIT A

4. a) New General Partner
Investment Management Corporation
One East Superior Street, Suite 604
Chicago, Illinois 60611
- c) New Registered Agent
Gail Beesen Dwars
55 East Monroe Street
Suite 3900
Chicago, Cook County, Illinois 60603
- d) Section 201 Records Office
One East Superior Street, Suite 604
Chicago, Cook County, Illinois 60611
- f) Partner's Total Aggregate Contribution Amount
\$863,445.00
- h) New Dissolution Date
December 31, 2029

Return to:
Holleb & Coff
Attn: Gayle Crocker
55 E. Monroe
Chicago, IL 60603

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