

**Form LP 902.5
January 2008**

Filing Fee: \$50

Submit in duplicate. 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.

Please do not send cash.

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

**Illinois Secretary of State
Department of Business Services
Amended Application
for Certificate of Authority
(Foreign Limited Partnership or LLLP)**

Please type or print clearly.

1. Limited Partnership Name: _____
2. File Number Assigned by Secretary of State: _____
3. State or Jurisdiction of Organization: _____
4. Federal Employer Identification Number (F.E.I.N.): _____
5. Alternative Assumed Name, if any, under which the Limited Partnership is transacting business in Illinois:

6. The Application for Admission to Transact Business is amended as follows:
(Check applicable changes and specify in item 7 on reverse. For address changes, P.O. Box alone is unacceptable.)
 - a) Admission of a new General Partner (give name and business address in item 7).
 - b) Withdrawal of a General Partner (give name in item 7).
 - c) Change in General Partner's Name and/or business address (give new name and address in item 7).
 - d) Change in Limited Partnership's Name (give new name in item 7).
 - e) Change in Date of Dissolution (give new date in item 7).
 - f) Other (give information in item 7).
 - g) Dissociation of General Partner (give name in item 7).

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7. Item #6 changes (continued)

For additional space, continue in the same format on a plain white 8.5x11 sheet.

Names and Business Addresses of General Partners

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. The original Amended Application for Certificate of Authority must be signed by **a General Partner, all new General Partners, and any or all dissociated General Partners.**

1. _____ Signature	2. _____ Signature
_____ Name and Title (type or print)	_____ Name and Title (type or print)
_____ General Partner Name if corporation or other entity	_____ General Partner Name if corporation or other entity
_____ Street Address	_____ Street Address
_____ City, State, ZIP, County	_____ City, State, ZIP, County
3. _____ Signature	4. _____ Signature
_____ Name and Title (type or print)	_____ Name and Title (type or print)
_____ General Partner Name if corporation or other entity	_____ General Partner Name if corporation or other entity
_____ Street Address	_____ Street Address
_____ City, State, ZIP, County	_____ City, State, ZIP, County

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**