

**Secretary of State**

Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

**Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void. Please do not send cash.**

Illinois  
Uniform Limited Partnership Act

**Restated Certificate of Limited Partnership**

**SUBMIT IN DUPLICATE**

Please type or print clearly.

**Filing Fee: \$150**

**Approved:**

**FILE #**

This space for use by Secretary of State.

1. Limited Partnership Name: \_\_\_\_\_

2. Address of office at which records required by Section 111 will be kept:

\_\_\_\_\_  
Street Address (P.O. Box alone is unacceptable.)

\_\_\_\_\_  
City, State, ZIP

3. Date of filing initial Certificate of Limited Partnership: \_\_\_\_\_

4. Registered Agent: \_\_\_\_\_  
Name

Registered Office: \_\_\_\_\_  
Street Address (P.O. Box alone is unacceptable.)

\_\_\_\_\_  
City, State, ZIP

5. State all the provisions and changes that amend the existing Certificate of Limited Partnership:  
(Attach additional sheets of this size if more space is needed.)

**Form LP 202-RECE**

The following signatures are required:

- at least one General Partner on record or all General Partners on record if changing the designation of the Limited Partnership or Limited Liability Limited Partnership;
- all new General Partners; and
- all Dissociated General Partners.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

1. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name if a corporation or other entity

2. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name if corporation or other entity

3. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name if corporation or other entity

4. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name if 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.**