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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

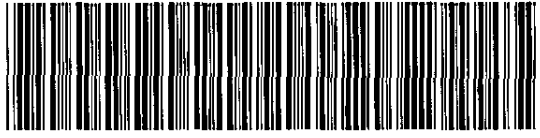
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BROWN MAY - 4 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2504 Conway Venture L.P.
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: 304000000044

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Connie Lopez
(Name of Person)
2504 Conway Venture L.P.
(Firm/Company)
333 N. Michigan Ave., Suite 501
(Address)
Chicago, IL 60601
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Connie Lopez at (312) 263-3800
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee & Certificate of Status
- \$105.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2504 Conway Venture L.P.
(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Amendment to its registration application:

The registration application is amended as follows:

The name of the General Partner has been changed from "Mallard Cove Apartments Corp." to "2504 Conway Apartments Corp."

[Signature]
(Signature of a General Partner)

Connie Lopez, Secretary of 2504 Conway Apartments Corp.
(Typed or printed name of General Partner signing above)

STATE OF Illinois

COUNTY OF Hane

On this 20 day of April, 2005, Connie Lopez personally appeared before me,

who is personally known to me
 whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Julie Kostechi
(Notary's Printed Name)

Seal



My Commission Expires:

10.9.07