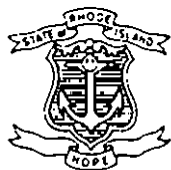


Filing Fee: \$50.00

ID Number: 49398



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED PARTNERSHIP

**CERTIFICATE OF AMENDMENT TO
CERTIFICATE OF LIMITED PARTNERSHIP
(To Be Filed In Duplicate Original)**

The undersigned, desiring to amend the Certificate of Limited Partnership under and by virtue of the power conferred by Section 7-13-9 of the General Laws, 1956, as amended, hereby execute the following Certificate of Amendment to the Certificate of Limited Partnership:

1. The name of the limited partnership is:

Stratford House Associates Limited Partnership

2. The date of filing of the Certificate of Limited Partnership is October 4, 1978

3. The Certificate of Limited Partnership (as previously amended on 9/29/79, 12/30/81, 7/30/84, 4/15/93, 3/10/95, 5/23/00
1/2/01, 11/29/01, 2/1/02 & 9/20/02
is amended as follows: (List dates of prior amendment(s), if applicable. If none, so state.)

[Insert amendment]

That Paragraph IV of the Certificate is hereby amended to (a) delete the name and address of The Estate of
Harry J. Woloochojian as a General Partner, (b) delete the name and address of Elizabeth
Bogosian as a General Partner, and (c) inset the name and address of United Apartment
Services, LLC, 1704 Broad Street, Cranston, RI 02905 as a General Partner.

FILED

OCT 02 2003

By m7733

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 7 2003

4. This Certificate of Amendment is signed by at least one general partner and, if applicable, by each other general partner designated herein as a new general partner.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Amendment to the Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 9/28/2003

Stratford House Associates Limited Partnership

Print Name of Limited Partnership
United Apartment Services, LLC

By [Signature]
NAME: M. Peter Woloohojian

By _____

By [Signature]
James H. Woloohojian

By _____

By _____