					Recorder 27.00	
CC FINANCING	S (front and back) CA	REFULLY	<del></del>	001104	7033	
NAME & PHONE OF CO	ONTACT AT FILER [0	ptional				
SEND ACKNOWLEDG	MENT TO: (Name ar	nd Address)	_			
_			_1			
•						
	^					
i.				SPACE IS FOR FILING OFFICE US	E ONLY	
<u>L</u>	6			SPACE IS FOR FILING OFFICE OF		
DEBTOR'S EXACT F	ULL LEGAL MAINE - I	nsert only <u>one</u> debtor name (1a o	1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S N	IAME					
	OOD III, L.L.	<u> </u>	FIRST NAME	MIDDLE NAME	SUFFIX	
R 15. INDIVIDUAL'S LAST	NAME					
1000500			COTY	STATE POSTAL CODE	COUNTRY	
c. MAILING ADDRESS 324 WEST TOUHY AVENUE			PARK RIDGE	IL 60068	I -	
:. MAILING ADDRESS 224 WEST TO	THY AVENU	JE /	111111			
324 WEST TO		J.E. TYPE OF ORGANI ÁTION	11. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		
324 WEST TO	ADD'L INFO RE 16 ORGANIZATION	TYPE OF ORGANI ATION	11. JURISDICTION OF ORGANIZATION ILLINOIS	00512451		
324 WEST TO	ADD'L INFO RE 16 ORGANIZATION	TYPE OF ORGANI ATION	11. JURISDICTION OF ORGANIZATION ILLINOIS	00512451		
324 WEST TO	ADD'L INFO RE 16 ORGANIZATION DEBTOR I	TYPE OF ORGANI ATION	11. JURISDICTION OF ORGANIZATION	00512451		
324 WEST TO 3 TAX ID #: SSN OR EIN N/A  ADDITIONAL DEBTO	ADD'L INFO RE 16 ORGANIZATION DEBTOR I	TYPE OF ORGANI ATION	ILLINOIS  By a name (2a or 2b) - do not abbreviate or cor	00512451		
324 WEST TO 3 TAX ID #: SSN OR EIN N/A  ADDITIONAL DEBTO	ADD'L INFO RE ORGANIZATION DEBTOR I	TYPE OF ORGANI ATION	11. JURISDICTION OF ORGANIZATION ILLINOIS	00512451	SUFFIX	
324 WEST TO 3 TAX ID #: SSN OR EIN N/A ADDITIONAL DEBTO 20. ORGANIZATION'S I	ADD'L INFO RE ORGANIZATION DEBTOR I	TYPE OF ORGANI ATION	II. JURISDICTION OF ORGANIZATION ILLINOIS  ab or name (2a or 2b) - do not abbreviate or cor	00512451	SUFFIX	
324 WEST TO 3. TAX ID #: SSN OR EIN N/A ADDITIONAL DEBTO 22. ORGANIZATIONS I	ADD'L INFO RE ORGANIZATION DEBTOR I	TYPE OF ORGANI ATION	ILLINOIS  By a name (2a or 2b) - do not abbreviate or cor	mbine names  MIDDLE NAME  STATE POSTAL CODE	SUFFIX	
324 WEST TO 3 TAX ID #: SSN OR EIN N/A ADDITIONAL DEBTO 22. ORGANIZATION'S I	ADD'L INFO RE 16 ORGANIZATION I DEBTOR	EGAL NAME - insert only one di	II. JURISDICTION OF ORGANIZATION ILLINOIS  ab or name (2a or 2b) - do not abbreviate or cor FIRST NAME	mbine names  MIDDLE NAME	SUFFIX	
324 WEST TO 3 TAX ID #: SSN OR EIN N/A ADDITIONAL DEBTO 20. ORGANIZATION'S I	ADD'L INFO RE 16 ORGANIZATION I DEBTOR I OR'S EXACT FULL LI NAME T NAME  ADD'L INFO RE 2 ORGANIZATION	TYPE OF ORGANI ATION	II. JURISDICTION OF ORGANIZATION ILLINOIS  ab or name (2a or 2b) - do not abbreviate or cor	mbine names  MIDDLE NAME  STATE POSTAL CODE	SUFFIX	
324 WEST TO 3 TAX ID #: SSN OR EIN N/A ADDITIONAL DEBTO 2a. ORGANIZATIONS I 2b. INDIVIDUAL'S LAS' 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN	ADD'L INFO RE 16 ORGANIZATION DEBTOR I NAME  T NAME  ADD'L INFO RE 2 ORGANIZATION DEBTOR	EGAL NAME - insert only one di	II. JURISDICTION OF ORGANIZATION ILLINOIS  ab or name (2a or 2b) - do not abbreviate or cor FIRST NAME  CITY  2f. JURISDICTION OF OF JAN IZATION	MIDDLE NAME  STATE POSTAL CODE  29. ORGANIZATIONAL ID #, if an	SÚFFIX COUNTR'	
324 WEST TO 3 TAX ID #: SSN OR EIN N/A ADDITIONAL DEBTO 2a. ORGANIZATION'S ID 2b. INDIVIDUAL'S LAS 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 3. SECURED PARTY	ADD'L INFO RE ORGANIZATION DEBTOR  T NAME  ADD'L INFO RE ORGANIZATION DEBTOR	EGAL NAME - insert only one di	II. JURISDICTION OF ORGANIZATION ILLINOIS  ab or name (2a or 2b) - do not abbreviate or cor FIRST NAME	MIDDLE NAME  STATE POSTAL CODE  29. ORGANIZATIONAL ID #, if an	SÚFFIX COUNTR'	
324 WEST TO 1 TAX ID #: SSN OR EIN N/A  ADDITIONAL DEBTO 2a. ORGANIZATION'S ID 2b. INDIVIDUAL'S LAS' 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 33. SECURED PARTY 34. ORGANIZATION'S	ADD'L INFO RE ORGANIZATION DEBTOR  T NAME  ADD'L INFO RE ORGANIZATION DEBTOR  "S NAME (or NAME of NAME)	EGAL NAME - insert only one di	II. JURISDICTION OF ORGANIZATION ILLINOIS  ab or name (2a or 2b) - do not abbreviate or cor FIRST NAME  CITY  2f. JURISDICTION OF OF JAN IZATION	MIDDLE NAME  STATE POSTAL CODE  29. ORGANIZATIONAL ID #, if an	SÚFFIX COUNTR'	
324 WEST TO 3 TAX ID #: SSN OR EIN N/A ADDITIONAL DEBTO 2a. ORGANIZATIONS I 2b. INDIVIDUAL'S LAS' 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 3. SECURED PARTY 3a. ORGANIZATION'S BUILDERS	ADD'L INFO RE ORGANIZATION DEBTOR  T NAME  ADD'L INFO RE ORGANIZATION DEBTOR  "S NAME (or NAME of NAME S) BANK	EGAL NAME - insert only one di	II. JURISDICTION OF ORGANIZATION ILLINOIS  ab or name (2a or 2b) - do not abbreviate or cor FIRST NAME  CITY  2f. JURISDICTION OF OF JAN IZATION	MIDDLE NAME  STATE POSTAL CODE  29. ORGANIZATIONAL ID #, if an	SÚFFIX	
324 WEST TO 3 TAX ID #: SSN OR EIN N/A ADDITIONAL DEBTO 2a. ORGANIZATIONS I 2b. INDIVIDUAL'S LAS: 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 3a. ORGANIZATIONS BUILDERS	ADD'L INFO RE ORGANIZATION DEBTOR  T NAME  ADD'L INFO RE ORGANIZATION DEBTOR  "S NAME (or NAME of NAME S) BANK	EGAL NAME - insert only one di	ILLINOIS  BD 3r name (2a or 2b) - do not abbreviate or confirm NAME  CITY  2f. JURISDICTION OF OF JAP IZATION  R S/P) - insert only one secured party nome (3a)  FIRST NAME	MIDDLE NAME  STATE POSTAL CODE  29. ORGANIZATIONAL ID #, if an	SÚFFIX	
324 WEST TO 3 TAX ID #: SSN OR EIN N/A ADDITIONAL DEBTO 2a. ORGANIZATIONS I 2b. INDIVIDUAL'S LAS' 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 3. SECURED PARTY 3a. ORGANIZATION'S BUILDERS	ADD'L INFO RE ORGANIZATION DEBTOR  I NAME  T NAME  ADD'L INFO RE ORGANIZATION DEBTOR  "S NAME (or NAME of NAME of NAME)  B ANK  ST NAME	EGAL NAME - insert only one di	ILLINOIS  BY IT NAME  CITY  21. JURISDICTION OF OF GAY (ZATION)  R S/P) - insert only one secured party n. me (3a)	MIDDLE NAME  STATE POSTAL CODE  29. ORGANIZATIONAL ID #, if an	SUFFIX	

REFERENCE INCORPORATED HEREIN.

# BOX 333-CTI

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER  5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER  [optional]	AG. LIEN NON-U	JCC FILING Debtor 2
ATTERNATIVE DESIGNATION (in applicable)     The Financing STATEMENT is to be filed (for record) (or recorded) in the REAL (if applicable)     The Financing STATEMENT is to be filed (for record) (or recorded) in the REAL (if applicable)     The Financing STATEMENT is to be filed (for record) (or recorded) in the REAL (if applicable)     The Financing STATEMENT (is on Debuty)     Attach Addendum     STATEMENT (is on Debuty)     If applicable (is applicable)     The Financing STATEMENT (is on Debuty)     If applicable (is applicable)     The Financing STATEMENT (is on Debuty)     If applicable (is applicable)     The Financing STATEMENT (is on Debuty)     The		

## **UNOFFICIAL COPY**

	CC FINANCING		ENT ADDENDUM						
			ON RELATED FINANCING STA	ATENIENIT					
a. 1	9a. ORGANIZATION'S NA		ON RELATED FINANCING STA	41 EMEN 1					
	WRIGHTWOOI								
OR			le continue	Lupo E	NAME OF STREET				
	9b. INDIVIDUAL'S LAST N	IAME	FIRST NAME	MIDDLE	NAME,SUFFIX				
10.1	MISCELLANEOUS:								
	,	000	94			THE ABOV	E SPACE	IS FOR FILING OFFI	CE LISE ONLY
11	ADDITIONAL DERTO	R'S EYACT FUL	L LECAL NAME - insert only one	20ma /11a or 11b)	do not obbroui				
,,,	11a. ORGANIZATION'S N	AME	L LEC AL WAIVE - Insert only one	name (11a or 11b)	+ do not abbrevi	ate or combine nam	ies		
OR			<u>(),c</u>				_		
	11b. INDIVIDUAL'S LAST I	NAME		FIRST NAME			MIDDLE	NAME	SUFFIX
11c.	MAILING ADDRESS	=	0	CITY			STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #: SSN OR EIN	ADD'L INFO RE	11e. TYPE OF ORGANIZATION	U1 WIRDICT	ION OF ORGAN	IZATION	11a OB0	J GANIZATIONAL ID #, if ar	
	TOTAL BOTT CHILLIA	ORGANIZATION		1.0000		IZATION	I i ig. Onc	ANIZATIONAL ID #, II al	<u> </u>
	=	DEBTOR							NONE
12.	ADDITIONAL SEC		S or ASSIGNOR S/P'S	NAME - iment	on'y <u>one</u> name (	12a or 12b)			
	12a. ORGANIZATION'S NA	ME			1/2				
OR	12b. INDIVIDUAL'S LAST (	NAME	,	FIRST NAME		5	MIDDLE	NAME	SUFFIX
12c.	MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY
									000000
12.7	FEE CINANCINO CTATELI	-117		40			ļ		
	This FINANCING STATEM	_ ⊔	nber to be cut or as-extracted	16. Additional o	collateral descrip	tion:	6.		
	collateral, or is filed as a Description of real estate:	I lixture filing.					Z,		
	ŕ						16		
SE	EE DESCRIPTIO	N OF REAL	PROPERTY ON				O	1	
			ETO AND BY THIS						8
RI	EFERENCE INCO	DRPORATE	D HEREIN.					Office	n
								///	Õ
				1					104703
								Cio	<b>₹</b>
								CV	9
15. N	Name and address of a RE	CORD OWNER of	above-described real estate						
	if Debtor does not have a re								
								-	
						check <u>only</u> one box			_
								operty held in trust or	Decedent's Estate
				18. Check only	if applicable and	check <u>only</u> one box	ζ.		
			Debtor is a T	RANSMITTING	UTILITY				
							Fransaction	— effective 30 years	
				1		iblic-Finance Transa			

### **UNOFFICIAL COPY**

DEBTOR: WRIGHTWOOD III, L.L.C.

SECURED PARTY: BUILDERS BANK

### **EXHIBIT A**

All tangible and intangible personal property of the Debtor, including but not limited to:

- Accounts, including Health-Care-Insurance Receivables; (a)
- Chattel Paper, including without limitation, Tangible Chattel Paper and Electronic Chattel Paper;
  - Deposit Accounts; (c)
  - Documents: (d)
- General Intangibles, including without limitation, Payment Intangibles and (e) Software:
- Goods, including without tim tation, Equipment, Inventory, Fixtures and all (f) Accessions;
  - Instruments, including Promissory Notes; (g) Clarts
  - Investment Property; (h)
  - Letter-of-credit rights; (i)
  - Supporting Obligations; (j)
- all monies, which at any time the Secured Party shall have or inve the right (k) to have in its possession;
- all books and records evidencing or relating to the foregoing, including, (l) without limitation, billing records of every kind and description, customer lists, data storage and processing media, Software and related material, including computer programs, computer tapes, cards, disks and printouts, and including any of the foregoing which are in the possession of any affiliate or any computer service bureau;
  - motor vehicles; and (m)
  - Proceeds of the above Collateral. (n)

axHIBIT B

STREET ADDRESS: 451 WRIGHTWOOFFICIAL COPY COUNTY: COOK

CITY: CHICAGO

TAX NUMBER: 14-28-318-058-0000

#### LEGAL DESCRIPTION:

LOT 42 AND LOT 43 (EXCEPT THE EAST 17 FEET OF LOT 43 ONLY THEREOF) IN ANDREW'S SPAFFORD AND COLEHOUR'S SUBDIVISION OF BLOCKS 1 AND 2 OF OUTLOT 'A' OF WRIGHTWOOD, A SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ALSO THAT PART OF THE EASTERLY 17 FEET OF LOT 43 IN ANDREW'S SPAFFORD AND COLEHOUR'S SUBDIVISION OF BLOCKS 1 AND 2 OF OUTLOT 'A' OF WRIGHTWOOD, A SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF THE EASTERLY 17 FEET OF SAID LOT 43; THENCE NORTHERLY ALONG THE WESTERLY LINE OF THE EASTERLY 17 FEET OF SAID LOT 43, A DISTANCE OF 23 FEET; THENCE EASTERLY PARALLEL TO THE SOUTHERLY LINE OF SAID LOT 43, A DISTANCE OF 1.68 FEET; THENCE SOUTHERLY TO A POINT ON THE COUTHERLY LINE OF SAID LOT 43 WHICH IS 15.37 FEET WESTERLY OF THE SOUTHEAST HED AF BEGIN
OF COOK COUNTY CLOTHES OFFICE CORNER OF SAID LOT 43; THENCE WESTERLY ALONG THE SOUTHERLY LINE OF SAID LOT 43, A DISTANCE OF 1.63 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.