929 72222 1927 0101 38 001 Page 1 of

2002-02-11 11:43:14

Cook County Recorder

CC FINANCING STATEMENT						
OLLOW INSTRUCTIONS (front and back) CAREFULLY		002017222	22			
NAME & PHONE OF CONTACT AT FILER (optional)	,		· · · · · · · · · · · · · · · · · · ·	 _		
SEND ACKNOWLEDGMENT TO: (Name and Address)						
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RETURN TO:						
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Post Office Box 2969						
Springfield, Illinois 62708						
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		E ABOVE SPACE IS F	OR FILING OFFICE U	SE ONLY		
DEBTOR'S EXACT FULL LEGAL NUME - insert only one debtor name (1a	or 1b) - do not abbreviate or combine	names		· -		
1a. ORGANIZATION'S NAME						
PNL HOMAN SQUARE, LLC	FIRST NAME	- [MIDDLE	/ IMIDDLE NAME			
R 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDEE	TINGINE	SUFFIX		
	CITY	STATE	POSTAL CODE	COUNTRY		
MAURIC ADDRESS						
		TX	75201	USA		
121 SAN JACINTO, SUITE 2900	DALLAS	TX TION 19. ORG	75201 BANIZATIONAL ID #, if an			
121 SAN JACINTO, SUITE 2900		TION 1g. ORG		у		
N/A ORGANIZATION LLC	DALLAS 11. JURISDICTION OF ORGANIZA DELAWARE	19. ORG	GANIZATIONAL ID #, if an			
2121 SAN JACINTO, SUITE 2900 1. TAX ID #: SSN OR EIN ADDILINFO RE 18. TYPE OF ORGANIZATION ADDILINFO RE 19. TYPE OF ORGANIZATION	DALLAS 11. JURISDICTION OF ORGANIZA DELAWARE	19. ORG	GANIZATIONAL ID #, if an	у		
121 SAN JACINTO, SUITE 2900 I TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR LLC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	DALLAS 11. JURISDICTION OF ORGANIZA DELAWARE	19. ORG	GANIZATIONAL ID #, if an	y N		
2.121 SAN JACINTO, SUITE 2900 1. TAX ID #: SSN OR EIN ADDILINFO RE ORGANIZATION ORGANIZATION LLC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	DALLAS 11. JURISDICTION OF ORGANIZA DELAWARE	TION 1g. ORG 006	GANIZATIONAL ID #, if an	у		
2.121 SAN JACINTO, SUITE 2900 I. TAX ID #: SSN OR EIN ADDILINFO RE ORGANIZATION ORGANIZATION DEBTOR LLC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	DALLAS 11. JURISDICTION OF ORGANIZA DELAWARE ebit: 112 ne (2a or 2b) - do not abbrev	TION 1g. ORG 006	3ANIZATIONAL ID#, if an 06162 - IL	y N		
121 SAN JACINTO, SUITE 2900 1. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR LLC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only QDE 2a. ORGANIZATION'S NAME R 2b. INDIVIDUAL'S LAST NAME	DALLAS 11. JURISDICTION OF ORGANIZA DELAWARE ebit: 112 ne (2a or 2b) - do not abbrev	TION 1g. ORG 006	GANIZATIONAL ID #, if an 06162 - IL	y N		
121 SAN JACINTO, SUITE 2900 1. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR LLC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only QDE 2a. ORGANIZATION'S NAME R 2b. INDIVIDUAL'S LAST NAME	DALLAS 11. JURISDICTION OF ORGANIZA DELAWARE ebtc 'na ne (2a or 2b) - do not abbrev	TION 19. ORG 006 iate or combine names MIDDLE	BANIZATIONAL ID #, if an 06162 - IL	SUFFIX		
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2121 SAN JACINTO, SUITE 2900 1. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR LLC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only QDE 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR BUILDERS BANK	DALLAS 11. JURISDICTION OF ORGANIZA DELAWARE ebtc ' ra ne (2a or 2b) - do not abbrev FIRST AME CITY 21. JURISDICTION OF ORGANIZA R S/P) - insert only one secured party r	TION 19. ORG 006 late or combine names MIDDLE STATE TION 29. ORG	GANIZATIONAL ID #, if an 06162 - IL E NAME POSTAL CODE GANIZATIONAL ID #, if an	SUFFIX COUNTRY		
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2121 SAN JACINTO, SUITE 2900 I TAX ID #: SSN OR EIN ORGANIZATION DEBTOR LLC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only QDS 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME C MAILING ADDRESS II. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR BUILDERS BANK	DALLAS 11. JURISDICTION OF ORGANIZA DELAWARE ebtc 'name (2a or 2b) - do not abbrev FIRST IAME 21. JURISDICTION OF ORC ANI LA S/P) - insert only one secured party r	1g. ORG 006 1g. ORG 006 1g. ORG 1g. ORG	BANIZATIONAL ID #, if an O6162 - IL E NAME POSTAL CODE GANIZATIONAL ID #, if an	SUFFIX SUFFIX		

E/CONSIGNOR BAILEE/BAILOR SELLER/BUYER

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] AG. LIEN NON-UCC FILING 5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

8. OPTIONAL FILER REFERENCE DATA

1ST AMERICAN TITLE Order #

UCC FINANCING STATEMENT ADDENDUM	1				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING ST		4			
9a. ORGANIZATION'S NAME	ATEMENT	_			
PNL HOMAN SQUARE, LLC					
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFI	-			
90. INDIVIDUALS LAST NAME	MIDDLE NAME,SUFFI.	×			
10. MISCELLANEOUS:		7			
<u> </u>				IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbre	eviate or combine nam	98		
11a. ORGANIZATION'S NAME					
OR					
11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
			John	T OSTAL COSE	JOCONTAI
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION	17 URISDICTION OF ORGA	NIZATION	11g. ORG	 GANIZATIONAL ID #, if	· _
DEBTOR			!	**	NON
2. ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P'S	NAME - neartain one name	(12a or 12b)			
12a. ORGANIZATION S NAME					
DR	44				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	X.	MIDDLE .	NAME	SUFFIX
			1		1
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filling. 4. Description of real estate:	16. Additional collateral descr	iption:	4,		
SEE DESCRIPTION OF REAL PROPERTY ON EXHIBIT B ATTACHED HERETO AND BY THIS REFERENCE INCORPORATED HEREIN.			' ડ	Office	0
5. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	17. Check only if applicable an Debtor is a Trust or Table an Debtor is a Trust or Table an Debtor is a TRANSMITTING	rustee acting with res d check only one box.			
	Filed in connection with a h		onnoct	-#	
	Filed in connection with a F			•	

UNOFFICIAL COPY 72222 Page 3 of 4

DEBTOR: PNL HOMAN SQUARE, LLC

SECURED PARTY: BUILDERS BANK

EXHIBIT A

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

- (a) Accounts, including Health-Care-Insurance Receivables;
- (b) Chattel Paper, including without limitation, Tangible Chattel Paper and Electronic Chattel Paper;
 - (c) Deposit Accounts;
 - (d) Documents:
- (e) General Intangibles, including without limitation, Payment Intangibles and Software;
- (f) Goods, including without unitation, Equipment, Inventory, Fixtures and all Accessions;
 - (g) Instruments, including Promissory Notes;
 - (h) Investment Property;
 - (i) Letter-of-credit rights;
 - (j) Supporting Obligations;
- (k) all monies, which at any time the Secured Party shall have or lave the right to have in its possession;

Clarts

- (l) all books and records evidencing or relating to the foregoing, including, 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;
 - (m) motor vehicles; and
 - (n) Proceeds of the above Collateral.

EXHIBIT B
Legal Description

THAT PART OF LOTS 8, 9, 10, 11 AND 12 IN BLOCK 1 IN HENRY E. VANCE'S RESUBDIVISION, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 21, 1904, A DOCUMENT 3535041, IN THE SOUTHEAST QUARTER OF SECTION 14, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNIG AT THE NORTHWEST CORNER OF SIAD BLOCK 1, ALSO BEING THE INTERSECTION OF THE EAST RIGHT OF WAY LINE OF SOUTH HOMAN AVENUE AND THE SOUTH RIGHT OF WAY JINE OF WEST ARTHINGTON STREET; THENCE SOUTH 89 DEGREES, 14 MINUTES 0. SECONDS EAST ALONG THE NORTH LINE OF SAID BLOCK 1, ALSO BEING SAID SOUTH RIGHT OF WAY LINE OF WEST ARTHINGTON STREET, A DISTANCE OF 489.02 FEET; THENCE SOUTH 00 DEGREES 40 MINUTES 38 SECONDS WEST, A DISTANCE OF 179.02 FEET; THENCE NORTH 89 DEGREES 40 MINUTES 36 SECONDS WEST, A DISTANCE OF 105.37 FEET; THENCE NORTH 00 DEGREES 19 MINUTES AND 24 SECONDS EAST A DISTANCE OF 14.32 FEET; THENCE NORTH 89 DEGREES 40 MINUTES 36 SECONDS WEST A DISTANCE OF 50.54 FEET; THENCE SOUTH 00 DEGREES 19 MINUTES 24 SECONDS WEST A DISCENCE OF 18.34 FEET; THENCE NORTH 89 DEGREES 13 MINUTES 59 SECONDS WEST A DISTANCE OF 140.09 FEET; THENCE NORTH 00 DEGREES 46 MINUTES 01 SECONDS EAST, A DISTANCE OF 9.13 FEET; THENCE NORTH 89 DEGREES 13 MINUTES 59 SECONDS WEST A DISTANCE OF 101.98 FEET TO A POINT ON THE WEST LINE OF SAID BLOCK 1, PLSO BEING SAID EAST RIGHT OF WAY LINE OF SOUTH HOMAN AVENUE, THENCE NORTH OF DEGREES 19 MINUTES 24 SECONDS EAST ALONG SAID WEST LINE OF BLOCK 1, ALSO BZING SAID EAST RIGHT OF WAY LINE OF SOUTH HOMAN AVENUE, A DISTANCE OF 195.81 FEET TO SAID POINT OF BEGINNING; IN COOK COUNTY ILLINOIS.

16-14-417-006

3333 W. Orthugtin Unicop ID