UNOFFICIAL OCIPAGE 1 of A429/0131 49 001 Page 1 of

2002-06-13 14:53:09

Cook County Recorder

29.50

	0020664836
C FINANCING STATEMENT	

ADD'LINFO RE ORGANIZATION DEBTOR SEXACT FULL LEGAL NAME - insert only one dentry is re (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dentry is re (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME CITY CITY 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3.) 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3.) THE LINCOLN NATIONAL LIFE INSURANCE COMPANY OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME STATE POSTAL CODE CITY STATE POSTAL CODE FIRST NAME SIATE POSTAL CODE CITY STATE POSTAL CODE CITY CITY STATE POSTAL CODE CITY STATE POSTAL CODE COUNTY WAYNE				_	0020664830	
NAME & PHONE OF CONTACT AT FILER (optional) NAME & PHONE OF CONTACT AT FILER (optional) CT CORPORATION SYSTEM attn: Natalic Dameshek 208 S. LaSalle Street, Suite 814 Chicago, IL \$6004 888-829-5817 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 2. TAX ID F. SIN OR EIN ADDITIONS NAME 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 2. TAX ID F. SIN OR EIN ADDITIONS NAME 2. DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME. Filent only gots debtor name (1a or 1b) - do not abbreviate or combine names 2. TAX ID F. SIN OR EIN ADDITIONS NAME 2. DEBTOR ADDITIONAL DEBTOR (1a or 1b) - do not abbreviate or combine names 2. SECURED PARTY NAME (1b) - do not abbreviate or combine names 2. SECURED PARTY	THE PROPERTY OF THE PROPERTY O	TATEMENT				
SEND ACKNOWLEDGMENT TO: (Name and Address) CT CORPORATION SYSTEM attn: Natalic Dameshek 208 S. LaSalle Street, Suite 814 Chicago, 1L 50604 888-829-5817 1. DEBTOR'S EXACT FULL LEGAL NAM (2. injunt only going distort name (18 or 18)) - do not abbreviate or combine names 11. DEBTOR'S EXACT FULL LEGAL NAM (2. injunt only going distort name (18 or 18)) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY 11. DEBTOR'S EXACT FULL LEGAL NAM (2. injunt only going distort name (18 or 18)) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILLING ONLY THE ABOVE SPACE IS FOR FILLING ONLY THE ABOVE SPACE IS FOR	CC FINANCING 5	and back) CAREFULLY				
CT CORPORATION SYSTEM attn: Natalic Dameshek 208 S. LaSalle Street, Suite 814 Chicago, IL 50604 888-829-5817 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAM - Inject only gag debtor name (1a or 1b) - 60 not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAM - Inject only gag debtor name (1a or 1b) - 60 not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY IN JURISDICTION OF ORGANIZATION PLANTAGE OF COMPANY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING ONLY THE ABOVE SPACE IS THE SPACE IS THE STATE OF ORTHOR ONLY THE ABOVE SPACE IS THE	LLOW INSTRUCTIONS (IN	ACT AT FILER [optional]				
CT CORPORATION SYSTEM attn: Natalic Dameshek 208 S. LaS2!!e Street, Suite 814 Chicago, IL 6:0604 888-829-5817 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - Inject only going debitor name (16 or 16) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME - Inject only going debitor name (16 or 16) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME - Inject only going debitor name (16 or 16) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME - Inject only going debitor name (16 or 16) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME - Inject only going debitor name (18 or 16) - do not abbreviate or combine names 1. DEBTOR'S EXACT FULL LEGAL NAME - Insect only going debitor name (18 or 17) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insect only going debitor, inject (26 or 28) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insect only going debitor, inject (26 or 28) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insect only going debitor, inject (26 or 28) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insect only going debitor, inject (26 or 28) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insect only going secured party name (31 or 3) - do not abbreviate or combine names 2. TAXID #: SSN OR EIN ADDITIONAL LIFE INSURANCE COMPANY 2. SECURED PARTY'S NAME go NAME or NAME or TOTAL ASSIGNEE of ASSIGNOR SP) - Insect only gon secured party name (31 or 3) - do not abbreviate or combine names 3. SECURED PARTY'S NAME go NAME or TOTAL ASSIGNEE of ASSIGNOR SP) - Insect only gon secured party name (31 or 3) - do not abbreviate or combine names 3. SECURED PARTY'S NAME go NAME or NAME or TOTAL ASSIGNEE of ASSIGNOR SP) - Insect only gon secured party name (31 or 3) - do not abbreviate or combine names 3. SE						
Attn: Natalie Dameshek 208 S. LaS?!!e Street, Suite 814 Chicago, 1L £ J604 888-829-5817 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAM : inject only gine debtor name (18 or 16): do not abbreviate or combine names TIR. ORGANIZATION'S NAME ROSE FP LLC OR TIB. INDIVIDUAL'S LAST NAME ICTY HOFFMAN ESTATES IL 60195 C/O THE CROWN GROUP, 1564 WEST* HOFFMAN ESTATES IL 60195 C/O THE CROWN GROUP, 1564 WEST* HOFFMAN ESTATES IL 60195 IL 1. JURISDICTIONOF ORGANIZATION IL 1. JURISDICTIONOF ORGANIZATION IL 1. JURISDICTIONOF ORGANIZATION IL 1. JURISDICTIONOF ORGANIZATION IL 00593184 LLC 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only gine of Part is 18 (2a or 2b) - oa not abbreviate or combine names PIRST N. ME TIR. TAX ID #: SSN OR EIN ORGANIZATION INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION INFO RE 20. TYPE OF ORGANIZATION ORG	. SEND ACKNOWLEDGMEN	IT TO: (Name and Address)				
Attn: Natalie Dameshek 208 S. LaS?!!e Street, Suite 814 Chicago, 1L £ J604 888-829-5817 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAM : inject only gine debtor name (18 or 16): do not abbreviate or combine names TIR. ORGANIZATION'S NAME ROSE FP LLC OR TIB. INDIVIDUAL'S LAST NAME ICTY HOFFMAN ESTATES IL 60195 C/O THE CROWN GROUP, 1564 WEST* HOFFMAN ESTATES IL 60195 C/O THE CROWN GROUP, 1564 WEST* HOFFMAN ESTATES IL 60195 IL 1. JURISDICTIONOF ORGANIZATION IL 1. JURISDICTIONOF ORGANIZATION IL 1. JURISDICTIONOF ORGANIZATION IL 1. JURISDICTIONOF ORGANIZATION IL 00593184 LLC 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only gine of Part is 18 (2a or 2b) - oa not abbreviate or combine names PIRST N. ME TIR. TAX ID #: SSN OR EIN ORGANIZATION INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION INFO RE 20. TYPE OF ORGANIZATION ORG	CT CORP	ORATION SYSTEM				
208 S. LaSa'le Street, State 814 Chicago, IL 50604 888-829-5817 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING ONLY THE ABOVE SPACE IS FOR FILING ONLY THE ABOVE SPACE IS FOR FILING ONLY THE ABOVE SPACE IS FOR THE WIND OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING ONLY TH	ottn: Natal	ie Dameshek	l			
Chicago, 1L \$0604 888-829-5817 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME: In let only grig debtor name (1a or 1b) - do not abbreviate or combine names The DRGANIZATIONS NAME ROSE FP LLC To. INDIVIDUAL'S LAST NAME 1. MIDDLE NAME THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ITE. DRGANIZATION SNAME TO THE CROWN GROUP, 1564 WEST* COTY HOFFMAN ESTATE IL 60195 US C/O THE CROWN GROUP, 1564 WEST* HOFFMAN ESTATES IL 60195 US C/O THE CROWN GROUP, 1564 WEST* HOFFMAN ESTATES IL 60195 IL 00593184 ILLINOIS 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 18 (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 18 (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 18 (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 2 (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 2 (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 3 (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 3 (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 3 (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 3 (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 3 (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 3 (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig delicer is 3 (2a or 2b) - do not abbreviat	208 S. LaS	Selle Street, Suite 814				
1. DEBTOR'S EXACT FULL LEGAL NAME injuried only ging debtor name (18 or 18) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE OFFI ONLY THE ABOVE SPACE IS FOR FILING OFFI USE OF THE ABOVE USE OF	Chicago (1 60604	ļ			
1. DEBTOR'S EXACT FULL LEGAL NAM - invertionly grig debtor name (18 or 18) - do not abbreviate or combine names The ORGANIZATION'S NAME ROSE FP LLC OR TID. INDIVIDUAL'S LAST NAME 1c. MAILING ADDRESS C/O THE CROWN GROUP, 1564 WEST' HOFFMAN ESTATES IL 60195 US C/O THE CROWN GROUP, 1564 WEST' HOFFMAN ESTATES IL 60195 US C/O THE CROWN GROUP, 1564 WEST' HOFFMAN ESTATES IL 60195 US TID. JURISDICTION OF ORGANIZATION IL 0.0593184 IL LINOIS 1g. ORGANIZATIONAL ID #, if any IL LINOIS 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME ORGANIZATION NAME THE ABOVE OF WARD OF TABLE (18 OF TABLE) and the properties or combine names FIRST NAME OR 2b. INDIVIDUAL'S LAST NAME ORGANIZATION NAME ORGANIZATION DESTOR 3. SECURED PARTY'S NAME OF NAME OF NAME OF TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only grig secured party name 3a or \$\frac{1}{2}\$. 3. SECURED PARTY'S NAME THE LINCOLN NATIONAL LIFE INSURANCE COMPANY OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIR	Chicago, 1	015	ıl			MI V
1. DEBTOR'S EXACT FULL LEGAL NAME: Injectionly grid debitor name (1a or 1b): do not abbreviate or combine names TE. ORGANIZATION'S NAME	888-829-3	811	THE ABOVE SPA	CE IS FOR	FILING OFFICE USE O	NLT
TIS. ORGANIZATIONS NAME ROSE FP LLC OR TID. INDIVIDUAL'S LAST NAME TIC. MAILING ADDRESS C/O THE CROWN GROUP, 1564 WEST* TIC. MAILING ADDRESS C/O THE CROWN GROUP, 1564 WEST* HOFFMAN ESTATES IL 60195 US TIL 60195 IL 00593184 IL 0						
TIS. ORGANIZATIONS NAME OR ROSE FP LLC OR TID. INDIVIDUAL'S LAST NAME T		LIEGAL NAM: in sert only one debtor name (1a or	1b) - do not abbreviate of combine tre			
ROSE FP LLC ID. INDIVIDUAL'S LAST NAME TOTY HOFFMAN ESTATE COUNT HOFFMAN ESTATES IL G0195 COUNT US C/O THE CROWN GROUP, 1564 WEST* HOFFMAN ESTATES IL G0195 II. G0195 III. G0195	1. DEBTOR'S EXACT FUL	E CEGACITY III				TSUFFIX
TIL. INDIVIDUAL'S LAST NAME TO THE CROWN GROUP, 1564 WEST* CONTY HOFFMAN ESTATE IL 60195 US CONTY HOFFMAN ESTATES IL 60195 US CONTY IL 60195 US TO THE CROWN GROUP, 1564 WEST* HOFFMAN ESTATES IL 60195 IL 60195 US TO THE CROWN GROUP, 1564 WEST* HOFFMAN ESTATES IL 60195 IL 00593184 IL 00593184 IL 00593184 IL IN	18. ORGANIZATIONS IVAL			MIDDLE N	IAME	3011
1C. MAILING ADDRESS C/O THE CROWN GROUP, 1564 WEST' HOFFMAN ESTATES IL 60195 US C/O THE CROWN GROUP, 1564 WEST' HOFFMAN ESTATES IL 60195 US 11. JURISDICTION OF ORGANIZATION IL 00593184 12. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor liet as (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor liet as (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor liet as (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor liet as (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor liet as (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor liet as (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of a combine names 2. ADDITIONAL DEBT	KOSE EL CEX	MAF	FIRST NAME			- COUNTRY
To MAILING ADDRESS C/O THE CROWN GROUP, 1564 WEST* C/O THE CROWN GROUP, 1564 WEST* THE LINCOLN NATIONAL DESTARS THE LINCOLN NATIONAL DESTARS THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE CROWN GROUP, 1564 WEST* THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE CROWN GROUP, 1564 WEST* THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE CROWN GROUP, 1564 WEST* THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE CROWN GROUP, 1564 WEST* THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE CROWN GROUP, 1564 WEST* THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE CROWN GROUP, 1564 WEST* THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE CROWN GROUP, 1564 WEST* THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE CROWN GROUP, 1564 WEST* THE CROWN GROUP GROUP G	OH 16. INDIVIDUAL'S LAST N	AIVIL-		STATE		(
TO THE CROWN GROUP, 1564 WEST* C/O THE CROWN GROUP, 1564 WEST* C/O THE CROWN GROUP, 1564 WEST* III. JURISDICTION OF ORGANIZATION DEBTOR III. JURISDICTION OF ORGANIZATION II			CITY	117	60195	USA
C/O THE CROW IN COLOR NAME 16. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 16. TYPE OF ORGANIZATION 11. JURISDICTION OF ORGANIZATION 11. JURISDICTION OF ORGANIZATION 12. O0593184 22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor istrate of 22b - do not abbreviate or combine names 23. ORGANIZATION'S NAME MIDDLE NAME SUFFIRST N. ME MIDDLE NAME SUFFIRST N. ME MIDDLE NAME SUFFIRST N. ME ORGANIZATION 22b. INDIVIDUAL'S LAST NAME CITY STATE POSTAL CODE COURT ORGANIZATION CITY COURT ORGANIZATION 22b. TYPE OF ORGANIZATION 22b. JURISDICTION OF ORGANIZATION 22b. ORGANIZATIONAL ID #, If any 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S.P) - Insert only one secured party name 3a or 3) 3a. ORGANIZATION'S NAME THE LINCOLN NATIONAL LIFE INSURANCE COMPANY The Debt Name STATE POSTAL CODE COURT NAME CITY CIT	1c. MAILING ADDRESS	DI CROUP 1564 WEST*	HOFFMAN ESTATES	10. ORG	ANIZATIONAL ID #, if any	
10. TAX ID #: SSN OR EIN DEBTOR LLC DEBTOR END DEBTOR LLC DEBTOR L	C/O THE CROV	VIN GROOT, 130	11. JURISDICTION OF ORGANIZATION	. 11	00593184	□NO
22. ADDITIONAL DEBTOR SEXACT FULL LEGAL NAME - insert only one debtor larte (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIRST N. ME MIDDLE NAME STATE POSTAL CODE COUT 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR DEBTOR DEBTOR ORGANIZATION DEBTOR STATE ORGANIZATION DEBTOR SAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S.P.) - insert only one secured party name (3a or 3)) 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S.P.) - insert only one secured party name (3a or 3)) THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE LINCOLN NATIONAL LIFE INSURANCE COMPANY FIRST NAME STATE POSTAL CODE (CITY NAME) THE CONTAIN OF THE POSTAL CODE (CITY NAME) OR 3b. INDIVIDUAL'S LAST NAME	TAY ID #: SSN OR EIN	ADD'L INFO HE I C. TT.	LILLINOIS		00000	
28. ORGANIZATION'S NAME 20. INDIVIDUAL'S LAST NAME 20. INDIVIDUAL'S LAST NAME 20. INDIVIDUAL'S LAST NAME 21. INDIVIDUAL'S LAST NAME 22. MAILING ADDRESS 23. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insert only one secured party name (3a or 3 h) 38. ORGANIZATION'S NAME THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE LINCOLN NATIONAL LIFE INSURANCE COMPANY CITY CITY CITY STATE POSTAL CODE COUTABLE NAME STATE POSTAL CODE STATE POSTAL CODE COUTABLE NAME CITY CITY STATE POSTAL CODE COUTABLE NAME STATE POSTAL CODE COUTABLE NAME CITY		DEBTOR	htor iar e (2a or 2b) - do not abbreviate or combin	e names		
28. ORGANIZATION'S NAME 20. INDIVIDUAL'S LAST NAME 20. MAILING ADDRESS 20. TAX ID *: SSN OR EIN ORGANIZATION OF ORGANIZATION'S NAME OF NAME OF NAME OF NAME OF NAME OF NAME OF NAME THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE LINCOLN NATIONAL LIFE INSUR	ADDITIONAL DEBTOR	R'S EXACT FULL LEGAL NAME - Insert only one of				
20. INDIVIDUAL'S LAST NAME FIRST N. ME	2. ADDITIONAL DELLA PROPERTY NA	ME			: NAME	SUFFIX
2C. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SP) - Insert only one secured party name 3a or 3 1) 3. SECURED PARTY'S NAME THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE LINCOLN NATIONAL LIFE INSURANCE COMPANY FIRST NAME STATE POSTAL CODE CITY STATE ONLY AND STATE OF THE ABOVE CODE IN 46802			TFIRST NA ME	MIDDLE	HAME	Ì
2C. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SP) - Insert only one secured party name 3a or 3 1) 3. SECURED PARTY'S NAME THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE LINCOLN NATIONAL LIFE INSURANCE COMPANY FIRST NAME STATE POSTAL CODE CITY STATE ONLY AND STATE OF THE ABOVE CODE IN 46802	OR ON INDIVIDUAL'S LAST	NAME		1		COUNTRY
20. MAILING ADDRESS 20. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION 21. JURISDICTION OF ORCAN ATION 29. ORGANIZATIONAL ID #, if any ORGANIZATION 29. ORGANIZATIONAL ID #, if any ORGANIZATION 29. ORGANIZATION	20.110.110		Lorry	STATE	POSTAL COOL	Ì
2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR ORGANIZATION 21. JURISDICTION OF ORCAN ZATION POPULATION DEBTOR OF ORGANIZATION OF ORCAN ZATION DEBTOR OF ORGANIZATION OF ORCAN ZATION OF ORCAN Z	THE ADDRESS		GII	\		
26. TAX ID #: SSN OR EIN ADD'LINFO RE	2c. MAILING ADDITION		OF THRISDICTION OF ORCAN'_ATION	2g. OF	GANIZATIONAL ID #, II asy	П
OR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name 3a or 3 1) 33. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name 3a or 3 1) 34. ORGANIZATION'S NAME THE LINCOLN NATIONAL LIFE INSURANCE COMPANY FIRST NAME CITY		ADD'L INFO RE 2e. TYPE OF ORGANIZATION	21.30713676	1		
THE LINCOLN NATIONAL LIFE INSURANCE CONTINUE STATE POSTAL CODE CONTINUE STA	2d, TAX ID #: 55N ON Em		22.00	2)1		
OR 30. INDIVIDUAL'S LAST NAME STATE POSTAL CODE CITY FORT WAYNE STATE POSTAL CODE CODE WAYNE		DESTOR	R S/P) - Insert only one secured party harne 32 or	<u> </u>		
OR 30. INDIVIDUAL'S LAST NAME STATE POSTAL CODE CITY FORT WAYNE STATE POSTAL CODE CODE WAYNE	3. SECURED PARTY	S NAME (or NAME or TOTAL ASSESSMENT	COMPANY			
OR 3b. INDIVIDUAL'S LAST NAME CITY FORT WAYNE IN 46802	3a. ORGANIZATION'S	OLNINATIONAL LIFE INSUI	RANCE COMPANI	- T, 15T	E NAME	SUFFIX
OR 3b. INDIVIDUAL'S LAST NAME CITY FORT WAYNE IN 46802	THE LINC	ULN NATIONAL	FIRST NAME	14		
CITY IN 46802	OR 3b. INDIVIDUAL'S LAS	TNAME		SIA	E POSTAL CODE	COUNTR
			CITY	1-		USA
3C, MAGAILLE	3c, MAILING ADDRESS		FORT WAYNE			
3c. MAILING ADDRESS C/O THE DELAWARE LINCOLN** FORT WATTE	C/O THE DEL	AWARE LINCOLN			Ux.	

SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF.

ADDT'L PGS: 4

5. ALTERNATIVE DESIGNATION (il applicable): TLESSEDICIONE 6. This Financing Statement is to be filed (for record) (or recorded attach addendum 8. OPTIONAL FILER REFERENCE DATA 5. LILICATO 7. 0.7 #1554781 FILE	IN REAL ESTATE RECORDS	SELLER/BUYER AG. LIEN NON-UCC FILING ORT (S) on Debtor(s) Alt Debtors Debtor 1 Debtor 2 OF COOK COUNTY, ILLINOIS
-) 10 <u>5 1</u>	CORM LICC1) (REV. 07/29/98)	

^{4.} This FINANCING STATEMENT covers the following collateral:

^{*}ALGONQUIN ROAD

^{**}INVESTMENTS ADVISERS, 200 EAST BERRY STREET

	A DDENDUM	1			
UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and b	MENT ADDENDUM ack) CAREFULLY				
9. NAME OF FIRST DEBTOR (1a or	1b) ON RELATED FINANCING STA	ATEMENT			
9a. ORGANIZATION'S NAME					
OR ROSE FP LLC		MIDDLE NAME, SUFFIX			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SOTTA			
90					
,	//x,			E IS FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXAC	T FULL LF CAL NAME - insert only one	name (11a or 11b) - do not abbreviate	or combine names		
11a. ORGANIZATION'S NAME					
OR 11b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME	MIDDL	E NAME	SUFFIX
110. WOMBONE O DIO THE MAN	(,				COUNTRY
11c, MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INF ORGANIZ. DEBTOR	O RE 118. TYPE OF ORGANIZATION ATION	JUNISDICTION OF ORGANIZ	ATION 11g. C	RGANIZATIONAL ID #, if	any NON
12. ADDITIONAL SECURED PA	ARTY'S QI ASSIGNOR S/P	'S NAM - Insert only one name (12	2a or 12b)		
12a. ORGANIZATION'S NAME		0/			•
OR AND MIDINIDIALIS LAST NAME		FIRST NAME	MIDD	LE NAME	SUFFIX
OR 125. INDIVIDUAL'S LAST NAME		1//,			
12c, MAILING ADDRESS	<u> </u>	CITY	STAT	E POSTAL CODE	COUNTRY
120. MAILING ADDRESS					
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture if 14. Description of real estate:	_	16. Additional collateral description	(Q,	Ś	
SEE SCHEDULE I AT AND MADE A PART	TACHED HERETO HEREOF.				9
15. Name and address of a RECORD Of (If Debtor does not have a record intell DEBTOR IS RECORD	erest):	17. Check <u>only</u> if applicable and Debtor is a Trust or T	d check <u>anly</u> one box. rustee acting with respec	t to property held in trust	or Decedent's Es

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98) ILUCCIPNAT 2/6/202 CT System Online

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years



UNOFFICIAL CO

0020664836 Page 3 of

EXHIBIT A

Annexed to FINANCING STATEMENT, made by, ROSE FP LLC, an Illinois limited liability company, Debtor, in favor of THE LINCOLN NATIONAL LIFE INSURANCE COMPANY, Secured Party:

- All furniture, furnishings, fixtures, equipment, inventory, machinery, apparatus, fittings, structures, buildings, and other improvements now or hereafter owned by Debtor and attached to or used in connection with or in the operation of the real property described in Exhibit B annexed hereto (the "Real Property") (but excluding the racking system, which is the same real property defined as the "Premises" in that certain Mortgage and Security Agreement (the "Mortgage") dated as of _____, 2002, made, executed and delivered by Debtor to Secured Party, including but not necessarily limited to all heating, air conditioning, sprinklers, freezing, lighting, laundry, incinerating and dynamo and generating equipment; engines, pipes, pumps, tanks, motors, conduits, switchboards, plumbing and plumbing fixtures; lifting, cleaning, fire prevention, fire extinguishing, refrigerating, ventilating and communications apparatus; boilers, ranges, furnaces, oil burners or units thereof; appliances; vacuum cleaning systems; elevators, escalators; shades, awnings, screens; storm doors and windows, stoves; refrigerators; cooking apparatus and mechanical equipment, gas and electric fixtures; electrical and water distribution systems; water purification systems; partitions, furniture of any public spaces, halls and lobbies; attached cabinets; partitions; ducts and compressors; rugs and carpets; draperies, furniture and furnishings; together with all additions thereto and replacements thereof, including without limitation any and all property of similar type or kind hereafter located on or at the Premises; together with (a) all right title and interest of Debtor in all materials intended for construction, reconstruction, alteration or repair of the improvements, such materials to be deemed included in the Real Property immediately upon delivery to the Real Property, (n) the proceeds of all insurance in effect with respect to the Promises and any and all awards or payments, including interest thereon, and the right to receive the same, which may arise from or relate to the Premises as a result of (i) the exercise of the right of eminent domain, (ii) alteration of the grade of any street, or (iii) any other injury to or decrease in the value of the Premises; (c) any and all sums at any time on deposit for the benefit of Secured Party or held by Secured Party (whether deposited by or on behalf of Debtor or anyone else) pursuant to any of the provisions of the Mortgage; (d) all accounts and general intangibles arising from or relating to the Premises; (e) bonuses, rents, royaltics, rights and benefits accruing under all oil, gas and mineral leases affecting the Premises; (f) all proceeds from the sale or curr disposition of any personal property or interests in which Debtor has granted a security interest in favor of Secured Party and receivables arising out of the operation of the Premises; and (g) all other now owned or hereafter acquired personal property (tangible and intangible) arising from or relating to the Premises including, but not limited to all in entory, Equipment, Accounts, General Intangibles, Fixtures, Documents, Instruments, Investment Property, Letter of Credit Rights, Money, Chattel Paper, As-Extracted Collateral, Deposit Accounts and Supporting Obligation's (all as defined in the UCC) arising from or relating to the Premises.

 - All of Debtor's right, title and interest under, in and to all instruments, contracts, contract rights, agreements, general intangibles and other documents, management agreements [including but not limited to that certain Management Agreement dated April 25, 2002, between Debtor, as Owner and TCG Management, Inc., an Illinois corporation, as Manager, and all amendments and modifications thereto from time to time, together with any and all management agreements entered into by Debtor in the future, together with the following:

UNOFFICIAL COPY S

- (a) All permits, operating and health care permits and licenses, certificates of occupancy, building permits, operating covenants, franchise agreements, permits and variances relating to the Premises and all other licenses and permits of any type.
- (b) All rights of Debtor to receive utility service.
- (c) All books, records and other information, wherever located, that are in Debtor's possession, custody or control or to which Debtor is entitled at law or in equity and which are related to the Premises, including all computer or other equipment used to record, store, manage, manipulate or access the information.
- All right, title and interest of Debtor in all intangible personal property relating to the Premises, including choses in action and causes of action (except those personal to Debtor), corporate and other business records, inventions, designs, promotional materials, blueprints, plans, specifications, patents, patent applications, trademarks, trade names, trade secrets, goodwill, copyrights, registrations, licenses, franchises, claims for refunds or rebates of taxes, pension and insurance surpluses, refunds or rebates of taxes and any letter of credit, guarantee, claim, security interest or other security held by or granted to Debtor to secure payment by an account debtor of any of the accounts of Debtor arising out of the ownership, use or operation of the Premises, and documents covering all of the foregoing.
- (e) All documents instruments, money, deposit accounts, funds deposited in accounts established with a bank, savings and loan association, trust company or other financial institution in connection with the ownership, use or operation of the Premises, including any reserve accounts or escrow accounts, and all investments of the funds.
- (f) All warranties on the Premises and any personal property of Debtor conveyed or pledged as collateral by Debtor to Secured Party.
- (g) All plans, soil test reports, specifications, angineering plans and reports, and any other architectural or engineering data used or useful in connection with the construction of any of the improvements on the Premises.
- (h) All proceeds and rights to all proceeds in any pending, condemnation or proceedings in lieu thereof.
- (i) All surveys.
- (j) The name or names, if any, of the Premises.
- (k) All contracts and/or agreements relating to the Premises or pursuant to which services or goods are rendered to or for the Premises.

Together with any additions or changes to and any extensions, revisions, modifications, substitutions and replacements of all such contracts, agreements and documents, now or hereafter existing, prepared, used, issued, granted or executed in connection with Debtor's interest in the Premises.



UNOFFICIAL QCP64836 Page 5 of 5

EXHIBIT B

LEGAL DESCRIPTION

LOT 1 IN KOCH POULTRY SUBDIVISION, BEING A SUBDIVISION OF THE NORTH THREE-QUARTERS OF THE WEST HALF OF THE NORTHWEST 1/4 OF SECTION 34, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 8, 2001, AS DOCUMENT No. 0011050901, IN COOK COUNTY, ILLINOIS. 1050.
Coot County Clert's Office

Address: 2155 North Rose Street

Franklin Park, Illinois

PIN(s): 12-34-100-023-0000

12-34-100-024-0000

1345957.01.06.B 1554781/EMR

A-1