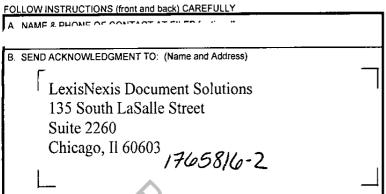
2002-12-19 16:17:31

Cook County Recorder

26.50

UCC FINANCING STATEMENT	AMENDMENT
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D. OCIAD MONITORALED CAMERA TO: (Manife data / Manifest)			
LexisNexis Document Solutions			
135 South LaSalle Street			
Suite 2260			
Chicago, Il 60603			
11000102			
	THE ABOVE SPAC	E IS FOR FILING OFFICE USE OF	NLY
1a. INITIAL FINANCING STATEMENT FILF." 0021057504 09/26/200)2	1b. This FINANCING STATEMENT A to be filed [for record] (or recorded REAL ESTATE RECORDS.	MENDMENT is d) in the
2. TERMINATION: effectiveness of the F, nancing Statement identified above is	terminated with respect to security intereset(s) of the Se	ecured Party authorizing this Termination	Statement.
3. CONTINUATION: Effectiveness of the Fin. nc.: § Statement identified above continued for the additional period provided by applicable law	with respect to security interest(s) of the Secured Party	authorizing this Continuation Statement	is
4. ASSIGNMENT (full or partial): Give name of assigns similar 7a or 7b and a	ddress of assignee in item 7c; and also give name of a	ssignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendmen affects X Deb	otor or Secured Party of record. Check only one	of these two boxes.	
Also check one of the following boxes and provide appropriate information in items 6			7 b
X CHANGE name and/or address; Give current record name in item 6a or b, all c name (if name change) in item 7a or 7b and/or new address (if address hange,	p give new in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a o item 7c; also complete items 7d	·7g (if applicable).
6. CURRENT RECORD INFORMATION:)		
	INT PARTNERS LIMITED PART	NERSHIP, 3/56 NORT	Н
ASHLAND, CHICAGO, IL 60613 OR 66 INDIVIDUAL'S LAST NAME	FIRS (NAM')	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	0,	· · · · · ·	
7a. ORGANIZATION'S NAME	46	'ar	
	//,		
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CHICAGO	STATE POSTAL CODE	COUNTRY
3452 NORTH SOUTHPORT		73 ORGANIZATIONAL ID #, if any	1
7d. TAX ID # SSN OR EIN ADD'NL INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	To	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give ent re restated collatera	l description, or describe collateral assigned.	Office Co	
		'C	
		C	

	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorized the control of				
	9a. ORGANIZATION'S NAME				
OR	LASALLE BANK NATIONAL ASSOCIATION,	135 S. LASALLE S	T., CHICAGO, IL 60603		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA					
I	L-COOK COUNTY 5950761860/8501	つ	16 2016-0		

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EXHIBIT "A"

LOT 7 BLOCK 7 IN ROSEDALE ADDITION TO EDGEWATER IN THE EAST ½ OF THE SOUTHWEST ¼ OF SECTION 5, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

P.I.N. #14-05-310-019

Common address: 1255 W. Rosedale, Chicago IL 60660

DD21414585 page 2 of

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