

	(front and back) CAREFULLY ONTACT AT FILER (optional)						
			000070A	070			
SEND ACKNOWLEDGM	MENT TO: (Name and Address)	500	Doc#: 0329734070 Eugene "Gene" Moore Fee: \$26.00				
CHARTER	R ONE BANK, N.A.	Cook Cou	inty Recor	der of Deeds	2		
	RIOR AVENUE	Date: 10/	24/2003 11	1:07 AM Pg: 1 of	_		
CLEVELA							
44114	, 31123						
	<u> </u>			E IF FOR FILING OFFIC	E USE ONLY		
DEBTOR'S EXACT FUL	LLEGAL NAME - insert only one debtor name	(1a or 1b) – do not abbreviate or combine	names				
ALBEN L.L							
1b. INDIVIDUAL'S LAST		FIRST NAME	MIDDLE	SUFFIX			
	C)						
MAILING ADDRESS	17/-	CITY	STATE	POSTAL CODE	COUNTRY		
4 EAST PEAR	SON STREET	CHICAGO	IL	60611	<u>USA</u>		
LTAX ID#: SSN OR EIN	ADD'NL INFO RE 16. TYF 5 C. CRGANIZATION	1f. JURISDICTION OF ORGANIZATION ILLINOIS	1g. ORG	ny			
	DEBTOR LLC				NON		
	S EXACT FULL LEGAL NAME - in sert only one	e debtor name (2a or 2b) – do not abbrevi	ate or combi	ne names			
2a. ORGANIZATION'S N	NAME						
2b. INDIVIDUAL'S LAST	AIAME	T FIRST NAME	MIDDLE	NAME	SUFFIX		
26. INDIVIDUAL S LAST	TYPAVIE	T (TO)					
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY		
I. TAX ID#: SSN OR EIN	ADD'NL INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTIO', OF DEGANIZATION	2g. ORG	GANIZATIONAL I.D.#, if a	ny		
	ORGANIZATION DEBTOR			***	NON		
	AME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR	S/P) insert only one secured party name (3a o	r 3b)				
		6/					
3a. ORGANIZATION'S N							
3a. ORGANIZATION'S N CHARTER	ONE BANK, N.A.	L FIRST NAME	MIDDLE	NAME	SUFFIX		
3a. ORGANIZATION'S N	ONE BANK, N.A.	FIRST NAME	MIDDLE	NAME	SUFFIX		
3a. ORGANIZATION'S N CHARTER 3b. INDIVIDUAL'S LAST	ONE BANK, N.A.	FIRST NAME CITY	4	NAME POSTAL CODE			
3a. ORGANIZATION'S N CHARTER 3b. INDIVIDUAL'S LAST	ONE BANK, N.A.		STATE	POSTAL CODE	COUNTRY		
3a. ORGANIZATION'S N CHARTER 3b. INDIVIDUAL'S LAST MAILING ADDRESS 215 SUPERIO	ONE BANK, N.A. NAME R AVENUE ENT covers the following collateral:	CLEVELAND	STATE OH	POSTAL CODE	COUNTRY		
3a. ORGANIZATION'S N CHARTER 3b. INDIVIDUAL'S LAST MAILING ADDRESS 215 SUPERIO This FINANCING STATEME Il personal property	ONE BANK, N.A. NAME R AVENUE ENT covers the following collateral: of the Debtor respecting that certain	CLEVELAND parcel of land and the structures	S, A FE OH and impro	POSTAL CODE 4.114 venuals now or h	COUNTRY USA		
3a. ORGANIZATION'S N CHARTER 3b. INDIVIDUAL'S LAST MAILING ADDRESS 215 SUPERIO This FINANCING STATEME II personal property cated, as more parti	ONE BANK, N.A. RAVENUE Of the Debtor respecting that certain icularly described in Exhibit A attached	CLEVELAND parcel of land and the structures and hereto (the "Property"), togeth	S AFE OH and impro	POSTAL CODE 4.114 Event at now or h all rights now or	COUNTRY USA		
3a. ORGANIZATION'S N CHARTER 3b. INDIVIDUAL'S LAST MAILING ADDRESS 215 SUPERIO This FINANCING STATEME III personal property totated, as more particulating, belonging or	ONE BANK, N.A. R AVENUE Of the Debtor respecting that certain icularly described in Exhibit A attached pertaining thereto; (ii) all goods, furn	CLEVELAND parcel of land and the structures and hereto (the "Property"), togeth iture, machinery, equipment, fixt	OH and impro	POSTAL CODE 4. 114 vemont now or h) all rights now or unts, contract right	COUNTRY USA sereafter there hereafter		
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0329734070 Page: 2 of 2

UNOFFICIAL COPY

	C FINANCING STATEME						
	OW INSTRUCTIONS (front and back) CA AME OF FIRST DEBTOR (1a or 1b) ON						
	9a. ORGANIZATION'S NAME	(CE) (TES) HAMIONIO STA					
ļ	ALBEN L.L.C.						
OKL	96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. ľ	MISCELLANEOUS:	1					
				THE AROVE	SPACE	IS FOR FILING OFFIC	E USE ONLY
11. /	ADDITIONAL DEBTOR'S EXACT FUIL LE	EGAL NAME – insert only <u>one</u> na	me (11a or 11b) – do not abbre			IS FORT ILINO STATE	2002 0/121
	11a. ORGANIZATION'S NAME						<u> </u>
OR	11b. INDIVIDUAL'S LAST NAME	<u>Z</u>	FIRST NAME		MIDDLE NAME		SUFFIX
11c.	MAILING ADDRESS	0,5	CITY		STATE	POSTAL CODE	COUNTRY
11d.	TAX ID#: SSN OR EIN ADD'L INFO RE 1 ORGANIZATION DEBTOR	1e. TYPE OF ORGAL ZATION	11f. JURISDICTION OF ORGA	NIZATION	11g. OR0	BANIZATIONAL ID #, if any	NONE
12.	ADDITONAL SECURED PARTY'S 12a. ORGANIZATION'S NAME	or ASSIGNOR S/P S	VAM	e (12a or 12b)			
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	VAME	SUFFIX
	IZD. INDIVIDUAL O LAGT NAME		0,				
12c.	MAILING ADDRESS		CITY	ζ,	STATE	POSTAL CODE	COUNTRY
•	This FINANCING STATEMENT covers item collateral, or is filed as a fixed fixture filling. Description of real estate :	per to be cut or as-extracted	16. Additional collateral descr	pti-ri:			
	That part of Block 18 in the Quarter of Section 3, Towns! Meridian, bounded by a line South line of said Block 18, 1 East along the South line of sa 162.25 feet to the point of Beg	hip 39 North, Range described as follows: 18.5 feet East of the id Block 17, 41 feet;	14, East of the TI Commencing at a Southwest corner the hence North 100.5	nird Principal point on the nereof; thence	4,0	Office	
	14 East Pearson Street Chicago, Illinois 60611 Tax ID No. 17-03-223-019-00	000, Vol. 496				(C)	
15.	Name and address of a RECORD OWNER of ab (if Debtor does not have a record interest):	ove-described real estate					
			17. Check only if applicable and check only one box.				
			Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate				
			18. Check only if applicable and check only one box. Debtor is a TRANSMITTING UTILITY				
		Filed in connection with a Manufactured-Home Transaction— effective 30 years					
_			Filed in connection with a				
_							