WNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 66	62-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	505028 ISUBURBAN
UCC Direct Services	6081052
P.O. Box 29071 Glendale, CA 91209-9071	ILIL .
File with: Cook+ II	



Doc#: 0402817143

Eugene "Gene" Moore Fee: \$28.50 Cook County Recorder of Deeds Date: 01/28/2004 02:47 PM Pg: 1 of 3

<u>_</u>	NEDTODIO EVACT EL		: Cook+, IL	THE	ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY
1. L	1a. ORGANIZATION'S N	NAME	insert only one debtor name (1	a or 1b) - do not abbreviate or co	ombine names	
OR	LAKE STRE		NERS INC.			
		NAME	9	FIRST NAME	MIDDLE NAME	SUFFIX
14	H31 WEST LA	KE ST.	0,5	CHICAGO	STATE POSTAL CODE 60607	E COUNTRY
	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGAN ZATION CORPORATION	1f. JURISDICTION OF ORGANIZA	60391491) #, if any
2. A	DDITIONAL DEBTOR	'S EXACT FULL L	EGAL NAME - insert only <u>one</u> de	eh or name (2a or 2b) - do not at	obreviate or combine names	
OR	AMERICAN	NATIONAL	L BANK & TRUST	COMPANY OF CH	ICAGO AS TRUSTEE	.(*)
	2b. INDIVIDUAL'S LAST	NAME		FIRST NA VIE	MIDDLE NAME	SUFFIX
13	MAILING ADDRESS 5 S. LASALL	· · · · · · · · · · · · · · · · · · ·		слу CHICAGO	STATE POSTAL CODE 1L 60603	COUNTRY
	FAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION BANK	2f. JURISDICTION OF URGANIZATION		#, if any
3. S	28 OKCANIZATIONS M	AM-	TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only one secured	party name (3a or 3b)	<u> </u>
OR	SUBARBAN	BANK & T	RUST CO		4	
	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	NID DLE NAME	SUFFIX
	AU ING ADDRESS			CITY	STATE LIVE ALCODE	00/11/75
CI	0 BUTTERFI	トトカ KD		ELMHURST	11 60726 0	

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds) LOTS 7 AND 8 IN BLOCK 1 IN UNION PARK ADDITION TO CHICAGO IN SECTION 8, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS A ATHE REAL PROPERTY TAX INDENTIFICATION NUMBER(S): 17-08-322-003-0000 A AReal Property located at 1431 W. LAKE STREET, CHICAGO, IL 60607



5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR DAILEF DAILER DESIGNATION [If applicable]	
BALLEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC	FILING
ESTATE RECORDS Attach Addandure	ebtor 2
6081052	

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FINANCING STATE FOLLOW INSTRUCTIONS (front	EMENT ADDENDU and back) CAREFULLY	JM	•		
9. NAME OF FIRST DEBTOR (18	or 1b) ON RELATED FINANCING	G STATEMENT	-		
99. ORGANIZATION'S NAME LAKE STREET P	ARTNERS INC.		1		
95. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
0. MISCELLANEOUS	· · · · · · · · · · · · · · · · · · ·		1		
6081052-40-1					
505028 ISUBURBAN File with: Cook+, IL	90-				
	0		THE ABOVE S	SPACE IS FOR FILING OFFICE US	E ONLY
1. ADDITIONAL DEBTOR'S EXA	ACT FULL LEGAL NAME - insert o	only <u>one</u> name (11a or 11b) - do no	t abbreviate or com	nbine names	
UNDER TRUST	AGREEMENT DAT	ED MARCH 1, 1999	AND KNO	WN AS TRUST ^{Con}	t On Adden.
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 135 S. LASALLE 1d. TAX ID#: SSN OR EIN ADDIT		CHICAGO		STATE POSTAL CODE 1L 60603	COUNTRY
	INIZATION RANK	TION 111. JURISDICTION OF OR	GANIZATION	11g. ORGANIZATIONAL ID#,	if any X NON
ADDITIONAL SECURED 12a. ORGANIZATION'S NAME	PARTY'S or ASSIGNOR	S/P's NAME - insert o ily one nam	e (12a or 12b)		
R 12b. INDIVIDUAL'S LAST NAME					
120. INDIVIDUAL 3 CAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	C/_	STATE POSTAL CODE	COUNTRY
B. This FINANCING STATEMENT cove collateral or is filed as a fixture.	ers timber to be cut or as-er	xtracted 16. Additional collateral des	cription:		
4. Description of real estate:					
. Name and address of a RECORD OV (if Debtor does not have a record in	VNER of above-described real estate terest):				No Marie
		17. Check only if applicable a	nd check only one boy		
				 pect to property held in trust or	Decedent's Estate
		18. Check only if applicable a	nd check <u>only</u> one box	. <u> </u>	
		Debtor is a TRANSMITTI			
				Transaction effective 30 years	
		Filed in connection with a	Public-Finance Trans	action effective 30 years	

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9a. ORGANIZATION'S NAME	1b) ON RELATED FINANCING ST.	ATEMENT			
LAKE STREET PAR	RTNERS INC.				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
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505028 ISUBURBAN					
ile with: Cook+, IL	26_				
4.400/7/00/1			THE ABOVE SPACE I	S FOR FILING OFFICE US	E ONLY
1. ADDITIONAL DEBTOR'S EXACT	FULL LEGA'. NAME - insert only o	ne name (11a or 11b) - do not ab	breviate or combine na	ames	
NO. 124892-09					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MID	DLE NAME	Teureix
			,2	DEC WANT	SUFFIX
1c. MAILING ADDRESS	HTC 2500	CITY	STA	TE POSTAL CODE	COUNTRY
135 S. LASALLE SU		CHICAGO			
ORGANIZA DEBTOR		of JURISDICTION OF ORGAN	IZATION 11g.	ORGANIZATIONAL ID#, i	f any
2. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P's	NAME - inse con y one name (1	2a or 12h)		
12a. ORGANIZATION'S NAME			20 0, 120)		
12b. INDIVIDUAL'S LAST NAME					
TEST INSTANCE OF BAST WANTE		FIRST NAME	MID	DLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY			
			STA	TE POSTAL CODE	COUNTRY
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