UNOFFICIAL COPY

UCC FINANCING STATEMENT AN	MENDMENT			W
A NAME & PHONE OF CONTACT AT FILER [optional]	.Y	Doc#	0406403010	
AMECHUIP JONGS	I ■	⊏ugene Cook ∩	2 (3000° Ma =	\$26.50
B. SEND ACKNOWLEDGMENT TO: (Name and Addres	se)	Date: 0	County Recorder of Des	ds
	13)		3/04/2004 09:03 AM F	'g: 1 of 2
Charter One Bank N.A. Mail Code SU-0670				
1215 Superior Avenue	ľ			
Cleveland, Ohio 44114	1			
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NITIAL FINANCING STATE MENT FILE #		THE ABOVE S	SPACE IS FOR THE	
ileing #7638/0081 r.ccc/ing #00938096 (1	11/30/2000		PACE IS FOR FILING OFF	CE USE ONLY
Ellective as a transfer			to be filed [for record]	(or recorded) in
CONTINUATION: Effectiveness of the intercing Statement continued for the additional period provided F, a plicable law ASSIGNMENT (full or partial): Give name c, assignee in its	ent identified above with respect	to security interest(s) of the	ne Secured Party authorizing this	RDS.
ASSIGNMENT (full () Provided Fy a plicable lay	w.	ty interest(s) of the Secur	ed Party authorizing this Continu	ation Statement
ASSIGNMENT (full or partial): Give name or assignee in ite AMENDMENT (PARTY INFORMATION): This Arrandine No check one of the following that	ern 7a or 7b and address of assignee in iter	n 7c and oles -		- Catchiell
		ty of record O	of assignor in item 9.	
CHANGE name and/or address. Please refer to the detailed instruc		ty of record. Check only	one of these two boxes.	
CURRENT RECORD INFORMATION	DELETE name: Giv to be deleted in item	e record name	ADD name: Complete its	_
68. ORGANIZATION'S NAME		OH OF OD.	ADD name: Complete item also complete items 7e-7g (7a or 7b, and also i fapplicable).
New Haven Home of Illinois, L.L.C	4			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME			_
MNOGRA	, III AMME		MIDDLE NAME	SUFF
HANGED (NEW) OR ADDED INFORMATION: Tal ORGANIZATION'S NAME				John
THE STANKE	<i>4</i>			
b INDIVIDUAL'S LAST NAME		//,		
	FIRST NAME	-	THIODICAL	
ILING ADDRESS			MIDDLE NAME	SUFFIX
	CITY		STATE POSTAL CODE	
ADD'L INFO RE 76. TYPE OF ORGAN	NIZATION	, CA	STATE POSTAL CODE	COUNT
DERTOR	THE PROPERTY OF US	GANIZATION	g ORGANIZATIONAL ID #, if :	
ENDMENT (COLLATERAL CHANGE): check only one box.			ID #, IF	any
ribe collateral deleted or added, or give entire rest	ated collateral decesion			
_	describe co	llateralassigned.		
			(0)	
				Q
OF SECURED PARTY OF RECORD AUTHORIZING T lateral or adds the authorizing Debtor, or if this is a Termination a RGANIZATION'S NAME				

Loan #63-1172525 FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

FIRST NAME

MIDDLE NAME

Charter One Bank N.A Formerly Liberty Federal Bank

| Sh. INDIVIDUAL'S LAST NAME | FIRST N

10 OPTIONAL FILER REFERENCE DATA

Cook County



0406403010 Page: 2 of 2

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EXHIBIT A

LEGAL DESCRIPTION

LOTS 11 THROUGH 15 INCLUSIVE IN BLOCK 5 IN THE TURNER'S RESUBDIVISION OF BLOCKS 1 TO 6 IN D. TURNER'S SUBDIVISION OF THE NORTHEASTERLY % OF THE EAST % OF THE SOUTH EAST 1/4 OF SECTION 19, TOWNSHIP 40 NORTH, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS.

PIN: 14-19-415-008-0000

14-19-415-009-0000

14-19-415-010-0000

14-19-415-011-0000

Common Address: 3435-45 N. Lincoln, Chicago, Il.