

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		Eugene	0501440055 "Gene" Moore Fee bunty Recorder of De /14/2005 08:15 AM	eeds
B. SEND ACKNOWLEDGMENT TO: (Name and Address) NEW CENTURY BANK 363 W. Ontario Chicago, IL 60610				
L A		SPACE IS FO	OR FILING OFFICE USE	ONLY
1. DEBTOR'S EXACT FULL LF.GA'L NAME - insert only one debtor name (1a of 1a. ORGANIZATION'S NAME 6630 SOUTH YALE, L.C.	or 1b) - do not abbreviate or combine names			
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS 3324 W. NORTH AVENUE	CHICAGO	STATE	POSTAL CODE 60647	COUNTRY
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION DEBTOR LLC	11. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any 1-726-7	NON
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on a 2a. ORGANIZATION'S NAME	Chtor name (2a or 2b) - do not abbreviate or comb	ne names		
OR 26. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF OF GA NIZATION	2g. ORG	ANIZATIONAL ID #, if any	NON
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OR 35. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	PO: TAL CODE	COUNTRY
363 W. ONTARIO	CHICAGO	IL	oro10	USA
4. This FINANCING STATEMENT covers the following collateral: SEE COLLATERAL DESCRIPTION IN EXHIBIT ATTACHED HE ATTACHED HERETO AND MADE A PART HEREOF.; whether replacements, and substitutions relating to any of the foregoing elating to any of the foregoing (including insurance, general states).	any of the foregoing is owned now ing; all records of any kind relating t intangibles and accounts proceeds	or acquire to any of the	d later; all occessio	ns, additions, ceeds

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNO	OR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) i		REQUEST SEARCH REPOR DNAL FEE]	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
B. OPTIONAL FILER REFERENCE DATA	T 0.	1 - 1 -		1		

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UCC FINANCING STATEMENT ADDENDUM	Λ			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING ST	ATEMENT			
99. ORGANIZATION'S NAME 6630 SOUTH YALE, L.L.C.				
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS:				
		THE ABOVE SPACE I	S FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL, NAME - insert only on	e name (11a or 11b) - do not abbrev	iate or combine names		
11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	111., JURISDICTION OF ORGAN	NIZATION 11g. ORG	GANIZATIONAL ID #, if a	ny NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P' 12a. ORGANIZATION'S NAME	S NAM.: - insert only <u>one</u> name	(12a or 12b)		
OR	4			
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
 13. This FINANCING STATEMENT covers timber to be cut or collateral, or is filed as a fixture filing. 14. Description of real estate: 	16. Additional collateral descrip	7		
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):				
	18. Check only if applicable and Debtor is a TRANSMITTING	ustee acting with respect to pro d check <u>only</u> one box.		Decedent's Estate
	Filed in connection with a P	ublic-Finance Transaction - effe	ective for 30 years	

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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF	CONTACT AT FIL	.ER [optional]				
B. SEND ACKNOWLED	OGMENT TO: (Nam	ne and Address)				
363 W. O	NTURY BANK Intario IL 60610					
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8. OPTIONAL FILER REFER		0		[optional]	All Debtors	Debtor 1 Debtor :
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			11 F	8. Check <u>only</u> if applicable an		•		
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UCC FINANCING STATEMENT A						
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELAT		MENT				
9a. ORGANIZATION'S NAME						
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9b. INDIVIDUAL'S LAST NAME FIRST N	NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:						
			THE ABOVE	SPACE I	S FOR FILING OFF	ICE USE ONLY
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OR 11b. INDIVIDUAL'S LAST NAME	O ₂ C FI	RST NAME		MIDDLE	NAME	SUFFIX
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OR		-0/2				
12b. INDIVIDUAL'S LAST NAME	FI	RST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	C	ΠΥ	C	STATE	POSTAL CODE	COUNTRY
 13. This FINANCING STATEMENT covers timber to be cu collateral, or is filed as a focture filing. 14. Description of real estate: 	ut or as-extracted 10	 Additional collateral descri 	ption:	Ś		
15. Name and address of a RECORD OWNER of above-descr (if Debtor does not have a record interest):	11 D	7. Check <u>only</u> if applicable an ebtor is a Trust or Tour and the condition of the condition of the condition of the connection with a North of the connect	rustee acting with respond check only one box. GUTILITY Manufactured-Home T	pect to pro	perty held in trust of	Decedent's Estate

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SEND ACKNOWLEDGMEN					
NEW CENTUR	NT TO: (Name and Address)	***··			
363 W. Ontario Chicago, IL 60					
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DEBTOR'S EXACT FULL	NAME - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names			
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16. INDIVIDUAL'S LAST NAME	C/X	FIRST NAME	MIDDLE	NAME	SUFFIX
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	ME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (**a or 3	b)		
3a. ORGANIZATION'S NAME NEW CENTUR	Y BANK, AN ILLINOIS B	ANKING CORPORATION			
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		СІТУ	STATE	PL STAL CODE	COUNTRY
63 W. ONTARIO		CHICAGO	IL	60610	USA

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UCC FINANCING STATEMENT ADDENDUM				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATE	TEMENT			
9a. ORGANIZATION'S NAME 6630 SOUTH YALE, L.L.C.				
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS:				
		THE ABOVE SPAC	CE IS FOR FILING O	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LOAL NAME - insert only one r	name (11a or 11b) - do not abbrevi	ate or combine names		
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OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDC	LE NAME	SUFFIX
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12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S 12a. ORGANIZATION'S NAME	NAM = - insert only <u>one</u> name	(12a or 12b)		
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12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDE	LE NAME	SUFFIX
12c. MAILING ADDRESS	СПҮ	STAT	E POSTAL CODE	COUNTRY
 13. This FINANCING STATEMENT covers timber to be cut or collateral, or is filed as a fixture filing. 14. Description of real estate: 	16. Additional collateral descrip	4	Office	
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	17. Check only if applicable and Debtor is a Trust or Trust. 18. Check only if applicable and Debtor is a TRANSMITTING Filed in connection with a Miles of the property of th	I check <u>only</u> one box. ustee acting with respect to I check <u>only</u> one box. UTILITY anufactured-Home Transac	property held in trust	or Decedent's Estate

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FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	_[
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OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
3324 W. NORTH AVENUE	CHICAGO	IL 60647	USA
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF OKGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID#, if any	
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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CARE	· · · · · - ·					
9. NAME OF FIRST DEBTOR (1a or 1b) ON RE		EMENT				
9a. ORGANIZATION'S NAME 6630 SOUTH YALE, L.L.C			,			
OR 9b. INDIVIDUAL'S LAST NAME FIF	RST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:						
11 ADDITIONAL DEPTOP'S EVACT FIRM	SAL NAME in the same				S FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEG 11a. ORGANIZATION'S NAME	CL NAME - insert only one na	me (11a or 11b) - do not abbrev	iate or combine name	es		
11b. INDIVIDUAL'S LAST NAME	0,50	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	0	CITY		STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L INFO RE 11e. ORGANIZATION DEBTOR	TYPE OF ORGANIZATIO	.1f. JURISDICTION OF ORGA	NIZATION	11g. ORG	GANIZATIONAL ID #, if a	ny NON
2. ADDITIONAL SECURED PARTY'S or 12a. ORGANIZATION'S NAME	ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)			
DR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE I	NAME	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers timber to collateral, or is filed as a fixture filing. Description of real estate:	be cut or as-extracted	16. Additional collateral descri	4	Ś		
					Diffice.	
Name and address of a RECORD OWNER of above-	described real estate					
(if Debtor does not have a record interest):						
	Į	17. Check only if applicable and Debtor is a Trust or Trust or Trust. On Trust or Trust on Tr	ustee acting with resp	ect to pro	perty held in trust or	Decedent's Estate
		Debtor is a TRANSMITTING Filed in connection with a M	UTILITY		- effective 30 years	
		Filed in connection with a P	ublic-Finance Transac	ction - effe	•	