3 Oct 2

## UNOFFICIAL COPY



## **UCC FINANCING STATEMENT AMENDMENT**

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

A.S.B. PROPERTIES LLC

3900 W. CHASE

LINCOLNWOOD, IL 60712

Doc#: 0502402159
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds

Date: 01/24/2005 09:03 AM Pg: 1 of 2

. INITIAL FINANCING STA	TEMENT FILE	THE ABOVE	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1b. This FINANCING STATEMENT AMENDMENT is the best of the first of the firs			
0331016003			to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
TERMINATION: E	fectiveness of the Financing Statement identified above i	is terminated with respect to security interest(s) of	f the Secured Party authorizing this Te	rmination Statement.		
	Effectiveness of the Financing Statement identified abo tional period provided by applicable law.	ove with respect to security interest(s) of the Sec	cured Party authorizing this Continuat	ion Statement is		
ASSIGNMENT (full	or partial): Give name of assignee in ite. n or 7b and	address of assignee in item 7c; and also give nan	ne of assignor in item 9.			
	/ Lul	abtor or Secured Party of record. Check or	nly one of these two boxes.			
	wing three boxes and provide appropriate info nation in					
CHANGE name and/or in regards to changing t	address: Please refer to the detailed instructions he name/address of a party.	DELETÉ name: Give record name to be deleted in item 6a or 6b.	TE name: Give record name ADD name: Complete item 7a or 7b, and also item 7d eleted in item 6a or 6b.  ADD name: Complete item 7a or 7b, and also item 7d also complete items 7e-7g (ff applicable).			
CURRENT RECORD IN		0/				
6a. ORGANIZATION'S		A A A TOTAL OF A STATE	(D.1317)			
R A.S.B. PROF	PERTIES LLC, AN ILLINOIS I	LIMITED DIABILITY CON	MPANY   MIDDLE NAME	SUFFIX		
BB. INDIVIDUAL S LAS	INAME	FIRST NAME OF	INIDDEL NAME	1001112		
011411050 (11540 45	ADDED MEODMATION					
CHANGED (NEW) OR A						
76. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME	SUFFIX		
		CITY	STATE   POSTAL CODE	COUNTRY		
. MAILING ADDRESS		=				
: MAILING ADDRESS			72.			
	ADD'L INFO RE   76. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID#,	if any		
	ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		74.			
I. SEE INSTRUCTIONS	ORGANIZATION '		75 ORGANIZATIONAL ID#,	Пи		
I. SEE INSTRUCTIONS  AMENDMENT (COLL	ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID#,	Пи		
I. SEE INSTRUCTIONS  AMENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID#,	Пи		
I. SEE INSTRUCTIONS  AMENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID#,	Пи		
SEEINSTRUCTIONS  AMENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID#,	Пи		
SEEINSTRUCTIONS  AMENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID#,	Пи		
SEEINSTRUCTIONS  AMENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID#,	Пи		
SEEINSTRUCTIONS  AMENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID#,			
SEEINSTRUCTIONS  AMENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID#,			
SEEINSTRUCTIONS  AMENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID#,			
SEEINSTRUCTIONS  AMENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID#,			
SEE INSTRUCTIONS  AMENDMENT (COLL Describe collateral describe des	ORGANIZATION DEBTOR  ATERAL CHANGE): check only <u>one</u> box. eleted or added, or give entire restated collate	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assig	17ξ ORGANIZATIONAL ID#,			
AMENDMENT (COLL Describe collateral de	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box. eleted or added, or give entire restated collate	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assignment assignment as a second collateral assignment as a second collateral assignment.	ignment). If this is an Amendment auti	horized by a Debtor wh		
AMENDMENT (COLL Describe collateral describe collateral describe)  NAME OF SECURED adds collateral or adds the	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.  eleted or added, or give entire restated collate  Description of the property of the collate of th	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assignment assignment as a second collateral assignment as a second collateral assignment.	17ξ ORGANIZATIONAL ID#,	horized by a Debtor wh		
AMENDMENT (COLL Describe collateral described by the collateral described	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.  eleted or added, or give entire restated collate  D PARTY OF RECORD AUTHORIZING THIS AN a authorizing Debtor, or if this is a Termination authorize  NAME	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assignment assignment as a second collateral assignment as a second collateral assignment.	ignment). If this is an Amendment auti	horized by a Debtor wh		
AMENDMENT (COLL Describe collateral describe collateral described collat	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.  eleted or added, or give entire restated collate  O PARTY OF RECORD AUTHORIZING THIS AN e authorizing Debtor, or if this is a Termination authorize  NAME  K OF HIGHLAND PARK	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assignment assignment as a second collateral assignment as a second collateral assignment.	ignment). If this is an Amendment auti	norized by a Debtor wh		



0502402159 Page: 2 of 2



## **UNOFFICIAL COPY**

	C FINANCING STATEN  LOW INSTRUCTIONS (front and back)						
	NAME OF FIRST DEBTOR (1a or 1b)						
	9a. ORGANIZATION'S NAME A.S.B. PROPERTIES I						
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10.	MISCELLANEOUS:						
	200					S FOR FILING OFFI	CE USE ONLY
11.	ADDITIONAL DEBTOR'S EXACT FU 11a. ORGANIZATION'S NAME	JLL LECAL NAME - insert only one do	ebtor name (11a or 11b) - do no	t abbreviate or combi	ne names		
OR	11b. INDIVIDUAL'S LAST NAME	C	FIRST NAME		MIDDLE NAME		SUFFIX
11c.	MAILING ADDRESS	IAILING ADDRESS			STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR		11f. JURIS PICTION OF ORGA	NIZATION	11g, ORG	ANIZATIONAL ID#, if a	ny None
12.	ADDITIONAL SECURED PARTY 12a. ORGANIZATION'S NAME	/'S or ASSIGNOR S/P'S NA	ME - inser <u>and grie</u> name (12a	or 12b)			
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	NAME	SUFFIX
12c.	MAILING ADDRESS		CITY	0	STATE	POSTAL CODE	COUNTRY
14. LC EI NC MI	This FINANCING STATEMENT covers to collateral, or is filed as a fixture filling.  Description of real estate:  OT 7 IN BLOCK 19 IN COCHRAND GEWATER IN FRACTIONAL SORTH, RANGE 14 EAST OF ERIDIAN, IN COOK COUNTY, ILLE IN 14-05-401-026  DMMONTLY KNOWN AS 586  CH.	I'S SECOND ADDITION TO ECTION 5, TOWNSHIP 40 THE THIRD PRINCIPAL INOIS.	16. Additional collateral descri	ption:	\(\sigma\)		
	Name and address of a RECORD OWNER of (if Debtor does not have a record interest):		17. Check <u>only</u> if applicable an Debtor is a	stee acting with respond check only one box	ect to prope		Jecedent's Estate
			Filed in connection with a P	ublic-Finance Transa	ction — eff	ective for 30 years	