

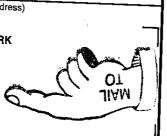
## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

FIRST BANK OF HIGHLAND PARK 1835 FIRST ST HIGHLAND PARK, IL 60035



Doc#: 0507312072 Eugene "Gene" Moore Fee: \$28.50

Cook County Recorder of Deeds Date: 03/14/2005 11:36 AM Pg: 1 of 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL FOOL NAME		THE ABOV	E SPACE IS F	OR FILING OFFICE USE	- All v
DEBTOR'S EXACT FULL LECAL NAME     Ta. ORGANIZATION'S NAME	- insert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine names		THE USE	ONLY
A S B PROPERTY CC LA	C 437777				
OR THE TRUE EN TABLE	C, AN ILLINOIS	LIMITED LIABILITY CO	AMD A NIX	7	
1b. INDIVIDUAL'S LAST NAME	A.	FIRST NAME			
	<b>/</b> 1	THE TYANG	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS					
3900 W. CHASE		CITY	STATE	POSTAL CODE	
		LINCOLNWOOD	IL		COUNTRY
1d. SEE INSTRUCTIONS ADD'L INFO RE 1	e. TYPE OF ORGALIZATION	•	f	60712	USA
ORGANIZATION DEBTOR	LLC	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	
		IL		30327	
2. ADDITIONAL DEBTOR'S EXACT FULL LI	EGAL NAME - insert only one of	btor name (2a or 2b) do			NONE
Za. ORGANIZATION'S NAME		to not appreviate or com	bine names		
OR C. T. C.		$\mathcal{T}$			
2b. INDIVIDUAL'S LAST NAME					
		FIR: T NAME	MIDDLE 1	JAME	l ou manual
2- MARINE			1 -		SUFFIX
2c. MAILING ADDRESS		CITY			1
			STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS   ADD'L INFO RE   2e	D/05 0 =		·		
ORGANIZATION 2e	TYPE OF ORGANIZATION	2f. JURISDICTION OF URCALIZATION	2a OBCA	MIZATIONAL	
DEBTOR				NIZATIONAL ID #, if any	
3. SECURED PARTY'S NAME (OF NAME OF TO	TAL ACCIONES		L		Π
3. SECURED PARTY'S NAME (or NAME of TO 3a. ORGANIZATION'S NAME	THE ASSIGNEE OF ASSIGNOR S	6/P) - insert only one secured party name (37, 57,3	3b)		NONE
FIRST BANK OF HIGHL	AMD DADE		<u> </u>		
OR 3b. INDIVIDUAL'S LAST NAME	AND PARK		<b>Z</b> .		
36. INDIVIDUAL'S LAST NAME		FIRST NAME	<u> </u>		
			M OLILE N	AME	SUFFIX
3c. MAILING ADDRESS			9		1
1835 FIRST ST		CITY	STATE	PC STAL CODE	<del> </del>
		HIGHLAND PARK			COUNTRY
4. This FINANCING STATEMENT covers the following of	rollateral:	INK	IL	00035	USA

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures which are located at the real property commonly known as 3601 W. Devon, Chicago, Illinois, and 3650 W Devon, Lincolnwood, Illinois, Cook County, including but not limited to hot water heaters, cooling and heating equipment, sinks, plumbing 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) and all accessions thereto, and replacements thereof including all proceeds therefrom, all of which are attached and made apart of the realty described hereon.

PIN 10-35-333-001-0000 AND 13-02-106-048-0000

ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING STATE RECORDS. Attach Addendum (if applicable) Attach Addendum (

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## **UNOFFICIAL COPY**

UCC FINANCING STATEMENT ADDE		ľ		
3. NAIVIE OF FIRST DEBTOR (12 or th) ON DELATED	NOING OTHER			
9a. ORGANIZATION'S NAME	NCING STATEMENT			
A.S.B. PROPERTIES LLC, AN ILL	INOIS I IMITED LIA	ł		
9b. INDIVIDUAL'S LAST NAME FIRST NAME		i		
	MIDDLE NAME, SUFI	=iX		
10. MISCELLANEOUS:		_]		
	-			
90-				
11. ADDITIONAL DEBTOR'S EXACT FULL COLUMN		THE ABOVE SPA	ACE IS FOR FILING	**************************************
11. ADDITIONAL DEBTOR'S EXACT FULL LETAL NAME - inset 11a. ORGANIZATION'S NAME	ert only <u>one</u> name (11a or 11b) - do not abbr	eviate or combine names	OF TON FILING	DFFICE USE ONLY
DR 11b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MID	DLE NAME	
1c. MAILING ADDRESS	)		·· <del>-</del>	SUFFIX
	CITY	STA	TE POSTAL CODE	
1d. SEE INSTRUCTIONS ADD'L INFO RE 119 TYPE OF GROUN	YO!		FOSTAL CODE	COUNTRY
ORGANIZATION	ZATION , 114 JURISDICTION OF ORGA	INIZATION	ORGANIZATIO	
DEBTOR		ļ · · · g.	ORGANIZATIONAL ID #	if any
2. ADDITIONAL SECURED PARTY'S or ASSIGNO 12a. ORGANIZATION'S NAME	R S/P'S NAME in sert only one name	42-45		
12a. ORGANIZATION'S NAME	only one name	(12a or 12b)		
R				
12b. INDIVIDUAL'S LAST NAME	I CIDET MANE			
	FIRST NAME	MIDE	LE NAME	SUFFIX
c. MAILING ADDRESS				COLLIX
	CITY	STAT	E POSTAL CODE	COUNTRY
. This FINANCING STATEMENT covers  timber to be cut or				COUNTRY
collateral, or is filed as a fixture filing.	tracted 16. Additional collateral descrip	otion:		
Description of real estate:		<i>'</i> /-/		
ARCEL 1:		0.		
		0		
OT 8 (EXCEPT THE SOUTH 7 FEET THEREOF TAKEN	1 FOR			
/IDENING OF DEVON AVENUE) IN JOHN PROSTATE PARTITION, BEING A SUBDIVISION OF SOUT			Vic.	
F SOUTHWEST 1/4 OF SECTION 35, TOWNSHII ORTH. RANGE 13 FAST OF THE	H 1/2   P 41			
	OIPAL		Office	
and the second of the Internation.			0	
ARCEL 2:				
OTS 1, 2, 3 AND 4 IN BLOCK 1 IN OLIVER SALINGER	LAND			
	THE			
ORTHEAST FRACTIONAL QUARTER AND IN THE				
	1			
Name and address of a RECORD OWNER of above-described real estate if Debtor does not have a record integer?).				
if Debtor does not have a record interest):				
•				
	17. Chack and it			
	17. Check only if applicable and c	heck only one box.		
	Indicate	ee acting with respect to pro	perty held in trust or	Decedent's Estate
	Check only if applicable and cl	neck only one box.		
	Debtor is a TRANSMITTING UT	ILITY		
	Debtor is a TRANSMITTING UT		offertion on	

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## **UNOFFICIAL COPY**

UCC FINANCING STATEMENT ADDEND	DUM J		
9. NAME OF FIRST DEBTOR (1a or 1b) ON PELATED ENAMES.	IG STATEMENT		
A.S.B. PROPERTIES LLC, AN ILLING	OIS LIMITED I IA		
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX		
10. MISCELLANEOUS:			
ADDITIONAL DEBTOR'S EXACT FUI 2 LF GAL NAME - insert on 11a. ORGANIZATION'S NAME	ly one name (11a or 11b) - do not abbreviate	THE ABOVE SPACE IS FO	R FILING OFFICE USE ONLY
		To the manufes	
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Ic. MAILING ADDRESS	CITY	STATE POS	TAL CODE COUNTRY
Id. SEE INSTRUCTIONS  ADD'L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR	114f. JURISDICTION OF ORGANIZAT	ION 11g. ORGANIZA	TIONAL ID #, if any
ADDITIONAL OF CUIDED	/P'S NAWS - insert only one name (12a o	1	
,	i omi one name (122)	or 126)	
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. MAILING ADDRESS	СПУ		
This FINANCING STATEMENT covers	C	STATE POST.	AL CODE COUNTRY
collateral, or is filed as a fixture filing.  Description of real estate:	16. Additional collateral description:	4	
ORTHWEST FRACTIONAL QUARTER OF SECTION OWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIR RINCIPAL MERIDIAN, LYING NORTH AND SOUTH O IDIAN BOUNDARY LINE, IN COOK COUNTY, ILLINOIS.		SOM	
			-0
Name and address of a RECORD OWNER of above-described real estate of Debtor does not have a record interest):			
	17. Check only if applicable and check of Debtor is a Trust or Trustee act	ting with respect to property held	in trust or Decedent's Estate
	18. Check only if applicable and check on Debtor is a TRANSMITTING UTILITY	only one box.	2 State