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UCC FINANCING STATEMENT AMENDMENT

State Form 50182 (5-01) Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME AND PHONE OF CONTACT AT FILER (optional) Danelle Battista 866 868-6365 B. SEND ACKNOWLEDGMENT TO: (Name and Address)



Doc#: 0509716074 Eugene "Gene" Moore Fee: \$26 50 Cook County Recorder of Deeds Date: 04/07/2005 09:49 AM Pg: 1 of 1

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Equity One, Inc.	1		
910 Berlin Rd. #5A		,	
Voorhees, NJ 08043			
(001H205)			
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	<u></u>		- ANI V
<u> </u>	THE ABOVE S	PACE IS FOR FILING OFFICE USI 1b. This FINANCING STATEMENT AM	FNDMENT is
1a. INITIAL FINANCING STATEMEN FILE#	Λ¢	to be filed (for record) (or reco	orded) in the
0421213006	U	REAL ESTATE RECORDS Secured Party authorizing this Termination Sta	tement.
2. LETERMINATION: Effectiveness of the Financiar Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 3. CONTINUATION: Effectiveness of the Financiar Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is			
CONTINUATION: Effectiveness of the Financin' Catement identified above with continued for the additional period provided by applicable ""	respect to security interest(s) of the decored in	ary activities and designation of	
ASSIGNMENT (full or partial): Give name of assignee in our 7s and addresses.	as of assignee in item 7c; and also give name o	f assignor in item 9.	
ASSIGNMENT (full or partial): Give name or assigned in referred to be a second of the second of	Secured Party of record. Check only one	of these two boxes.	
5. AMENDMENT (PARTY INFORMATION). This Amendment of the following three boxes and provide appropriate information in Items	8 and / or /.	—	or 7h and sign
see account to the support page in item 6s (/ 6b; 1lso	dive new DEFE F Hange Class (200)	d name ADD name; Complete item 7s item 7c; also complete items 7c	i-7g (if applicable)
CHANGE name and/or address: Give current record name (if name change) in item 7a or 7b and/or new address (if address calling 1). 6. CURRENT RECORD INFORMATION:	(01) / 5.		
6a. ORGANIZATION NAME	T		
ba. Ortonia triori i ma			SUFFIX
OR 6b. INDIVIDUAL'S LAST NAME	FIRST TAKE OF MANAGER A	MIDDLE NAME	SOLLIX
Camacho	ulbert +11 Elante		
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION NAME			
	CIDOT NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		
	CITY	STATE POSTAL CODE	COUNTRY
7c. MAILING ADDRESS			
ADD'LINFO RE 78. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATIO	N 7g. ORGANIZATIONAL ID #, if at	iy
ORGANIZATION .			NONE
DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box	- Tax	1D# 16-32-105-0	02
8. AMENDMENT (COLLATERAL CHARGE), discussing and partial presented collateral deleted or added, or give entire presented collateral deleted or added, or give entire presented collateral deleted or presented to the collateral deleted or deleted or deleted to the collateral deleted or deleted to the collateral deleted or deleted to the collateral deleted to the collate	escription, or describe collateral assigned.	- Cill- Massing	of the
Lot 2 in Block lain Ford the	ghlands seconds	a Subarision	1 AC +
WIZINDICK WITHOUT	Hope Someth 10	4.36 Feet of T	he west
West 833 Peet (Except)	1 16 1/2 06-1	he Month 1005	:
417.42 feet) of the south	half 12/ UT T	The following west	quarter
reachon quarter 14 DF 4	ne North West	- Franchonal	(JA. 0
Franchon quarter 374 CT 91	10 27 NINVYIA	Rango 15 tast	or ine,
(1/4) OF Section 32, Townsh	ip 37 North,	110 00 10000	1 6/30/24
and proposal Meridian According	g to the plat	Thereof recode	Ch carry 1
Will a land of the control of the co	$\Delta V = U h_N \cap TLZ = -12$	102 21 1100 111	Miller
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Ass	ignment). If this is an Amendment authorized b	y a Debtor which 6062
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 	by a Debtor, check here 🔲 and enter name	of DEBTOR authorizing this Amendment	<u> </u>
9a, ORGANIZATION NAME		cet# 01926129	
Equity One, Inc.			SUFFIX N
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	W. W. W.
		0 00 000	<u> </u>
10. OPTIONAL FILER REFERENCE DATA	Pathok	3 -22-200	, \
NUNUXU			
FILING OFFICE COPY - INDIANA UCC FINANCING AMENDMENT			/