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		eri Grander			
UCC FINANCING STATEMENT	1100 K 24111 II	0 51 0 316	905) 1411([mil 1111]]]]]]]]]]]]		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	Doc#:	05102	16005		
A. NAME & PHONE OF CONTACT AT FILER [optional]	Eugene	oc#: 0510316005 Igene "Gene" Moore Fee: \$26.50 ook County Recorder of Deeds			
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	Date: 04	/13/2005 (08:46 AM Pg: 1 o	f 2	
I [_		0		
First Bank of Highland Park	1				
1835 First Street Highland Park, IL 60035					
riiginalia i ari, iz 00000					
	THE ABOVE S	PACE IS FO	R FILING OFFICE US	E ONLY	
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names				
The state of the s		TO A NIX			
A.S.B. PROPERTIES L.C. AN ILLINOIS	LIMITED LIABILITY CON	APAN Y			
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
3900 W. CHASE	LINCOLNWOOD	IL	60712	USA	
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORG \NIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	/	
ORGANIZATION LLC	₁ IL	1		лои 🔀	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only	to the name (2a or 2b) - do not abbreviate or combi	ne names			
2. ADDITIONAL DEBTOR'S EXACT FOLL LEGAL NAME - INSERTING CO.	The traine (2a of 2b) - do not abbreviate of comme				
Za. ORGANIZATION O NAME	' ()				
R 26. INDIVIDUAL'S LAST NAME FIRST NAME		MIDDLE NAME		SUFFIX	
So Habialpour a Fuoi tarme		1			
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
20. MAILING ADDITEDS					

4. This FINANCING STATEMENT covers the following collateral:

ORGANIZATION DEBTOR

FIRST BANK OF HIGHLAND PARK

2d TAX ID #: SSN OR EIN

3c. MAILING ADDRESS

1835 FIRST ST

3a. ORGANIZATION'S NAME

3b. INDIVIDUAL'S LAST NAME

All Fixtures which are located at the real property commonly known as 2000 West Morse Ave., Chicago, 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.

FIRST NAME

21. JURISDICTION CT URGANIZATION

HIGHLAND PARK

NON-UCC FILING AG. LIEN 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR BAILEE/BAILOR 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [if application of the control of the contro OPTIONAL FILER REFERENCE DATA

2g. ORGANIZATIONAL ID #, if any

PUSTAL CODE

60035

M. DDLE NAME

STATE

IL

NONE

SUFFIX

COUNTRY

USA

ADD'L INFO RE | 2e. TYPE OF ORGANIZATION

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name of 3 or 3b)

0510316005 Page: 2 of 2

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CC FINANCING STATEMENT ADDENDUM DILIQWENSTRUGTIONS (TYPE) PROTECTION FAREFULLY II I INCLE I	IMITEDIIA			
NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STAT 9a. ORGANIZATION'S NAME	EMENT			
R 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
S. NOVIDOLES SIGNAME				
MISCELLANEOUS:				
000				
OCAL	THE	ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY
ADDITIONAL DEBTOR'S EXACT FULL LE 3AI, NAME - insert only one	debtor name (11a or 11b) - do not abbreviate	e or combine names		
11a. ORGANIZATION'S NAME				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS	СІТУ	STATE	POSTAL CODE	COUNTRY
Id. TAX ID #: SSN OR EIN ADD L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGANIZATION	11g. OR		ny 🔲
. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S N	AME - inrert only one name (12a or 12b)		:	
12a, ORGANIZATION'S NAME	4			
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
120. INDIVIDUAL O ENOT INVITE	7			
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
3. This FINANCING STATEMENT covers		750		
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 check			Danad N
	Debtor is a Trust or Trustee acti		perty held in trust or	Decedent's Estat
	18. Check only if applicable and checks			
	18. Check only if applicable and check Debtor is a TRANSMITTING UTILITY	•		
	·		n — effective 30 years	