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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Benjamin F.S. Herd, Esq. 214/745-5659 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Benjamin F.S. Herd, Esq.

Doc#: 0512949182

Eugene "Gene" Moore Fee: \$28.00 Cook County Recorder of Deeds Date: 05/09/2005 11:41 AM Pg: 1 of 3

Winstead Sechrest & Minick P.C. 1201 Elm Street, Suite 5400					
Dallas, Texas 75270					
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1. DEBTOR'S EXACT FULL LEGAL NAM E - insert only one debtor name (la or lb) - do not abbreviate or com	bine names				
la. ORGANIZATION'S NAME					
KVM MANAGEMENT, LLC					
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
Ic. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
5049 WEST 159TH STREET	OAK FOREST	IL	60452	USA	
ld. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	lg. ORGA	NIZATION ID#, if an	ıy	
LIMITED LI ABILITY COMPANY	ILLINOIS	IL	00400637	☐ NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2) - d	not abbreviate or combine names				
2a. ORGANIZATION'S NAME	1 /2-				
OR 2b. INDIVIDUAL'S LAST NAME	F.RST NAME	MIDDLE N	MIDDLE NAME SUFFIX		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTIC N O ORGANIZATION ID#, if any ORGANIZATION:				
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one sec	cured party name (3a or 3b)	0			
3a. ORGANIZATION'S NAME COLUMN FINANCIAL, INC.		C),c.		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX			
3c. MAILING ADDRESS	CITY	STATE	POSTAL C DL®	COUNTRY	
11 MADISON AVENUE	NEW YORK	NY	10010	USA	
This FINANCING STATEMENT covers the following collateral. All assets and all personal property now or hereafter owned by covered.	Debtor (the " <u>Collateral</u>	"). Proc	ceeds of the C	Collateral are also	
5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SE	LLER/BUYEI	R AG. LIEN	NON-UCC FILING	
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL Attach Addendum [if applicable] 7. Check to REC [ADDITIONAL]	QUEST SEARCH REPORT(S) on Debt. AL FEE] [option		All Debtors	Debtor 1 Debtor 2	
8. OPTIONAL FILER REFERENCE DATA					
County: Cook, Illinois	-			3011-1507	

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			ENT ADDENDU	J M					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a OR 1b) ON RELATED FINANCING STATEMENT					1				
	9a. ORGANIZATION'S NAME					1			
	KVM M	M MANAGEMENT, LLC							
OR	9b. INDIVIDUAL'S LAST		FIRST NAME		MIDDLE NAME, SUFFIX	1			
10.1	GOOFI LANDONG					4			
10. F	/ISCELLANEOUS:								
						THE	ABOVE	SPACE IS FOR FI ONLY	LING OFFICE USE
11. /	DEBTOR'S	EXAC EL LU	FGAL NAME - insert only one	name (11a or 11h) - do not abbreviate or combine n	names		ONLI	
•	IIa. ORGANIZATION'S N		EGAE WAME - user only one	name (11a of 110		ianics			
			0						
OR	11b. INDIVIDUAL'S LAST	NAME		FIR	ST NAME		MIDDLE NA	AME	SUFFIX
			Ox						
11c. N	AILING ADDRESS			СІТ	Y		STATE	POSTAL CODE	COUNTRY
11d. S	EE INSTRUCTIONS	ADD'L INFO RE	11e. TYPE OF ORGANIZA	ATION IIF	JURISDICTION OF ORGANIZ	ATION	llg, ORGAN	VIZATION ID#, if any	
		ORGANIZATIO DEBTOR			_		□ NO		
12.	ADDITIONAL SECU	IDEN DADT	V'S ASSIGNO	D S/D'S NAME	- nsert only one name (12a or 12	de a	L., NO	INE	
	12a. ORGANIZATION'S N		T 3 or Assicitor	N 3/F 3 NAME	- nsert only one name (12a or 12	.0)			
	12a. ORGANIZATION 5 N	AME							
					40				
OR	12b. INDIVIDUAL'S LAST	NAME		FIR	ST NAME		MIDDLE NA	AME	SUFFIX
12c. N	IAILING ADDRESS			Ст	Y		STATE	POSTAL CODE	COUNTRY
						.0	6		
				16.	Additional collateral description:		_	Office	
_	his FINANCING STATI —						1,0		
[as-extracted collateral, or is	filed as a 🔀 fix	ture filing						
14. E	Description of real estate:							U ₂ C ₂	
								, C,	
			to and incorporated	d herein				C	
	by reference for a	all purpose	S.						
							•		
15. N	ame and address of a RECORD	OWNER of abov	e-described real estate (if Debto	or does not					
h	ave a record interest):				Theck only if annlicable and chec	k only one ho			
				- 1	17. Check only if applicable and check only one box. Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate				
					18. Check only if applicable and check only one box.				
					Debtor is a TRANSMITTING UTILITY				
					Filed in connection with a Manuf				
					Filed in connection with a Public	-Finance Tran	saction – effec	ctive 30 years	

3011-1506/LeClaire Station Apartments

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UNOFFICIAL CO Debtor Name: KVM MANAGEMENT, LLC

Item No. 14 continued:

EXHIBIT A

Legal Description

Property Address:

5003, 5009, 5013, 5017, 5049 W. 159^{th,}

Oak Forest, IL 60000

Legal Description:

Parcel 1:

Lots 1 to 10 both inclusive, (except the North 24 feet) in Block 1 in Oak Forest Hills, a subdivision of the part Northwesterly of the Chicago, Rock Island and Pacific Railroad in the Northwest 1/4 of the Northeast 1/4 of Section 21, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2:

Easement for the benefit of Lots 4. 5 and 6 as created by Easement Agreement dated August 15, 1964 and recorded August 20, 1964 as Document 19220514 for ingress, egress and public utilities over, under and upon the South 30 feet of the West 1/2 of Lots 5 and the South 30 feet of Lots 6, 7, 8, 9, and 10 all in Block 1 in Od. Forest Hills, a subdivision of that part Northwesterly of the Chicago, Rock Island and Pacific Railroad in the Northwest 1/4 of the Northeast 1/4 of Section 21, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook Diff Clory's Office County, Illinois.

Permanent Index No.:

28-21-201-001-0000 28-21-201-002-0000 28-21-201-003-0000 28-21-201-008-0000 28-21-201-009-0000 28-21-201-010-0000 28-21-201-017-0000 28-21-201-023-0000