

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone: (800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071

File with: Cook+, IL

Doc#: 0522117076

Eugene "Gene" Moore Fee: \$42.50 Cook County Recorder of Deeds Date: 08/09/2005 11:37 AM Pg: 1 of 5

> RHSP \$10.00 Fee

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<u></u>			ı: Cook+, IL		THE AROVE SP	PACE IS EOD I	FILING OFFICE USE ONLY	
1. 🗆	EBTOR'S EXACT FU	LL LEGAL IN A VIE	- insert only one debtor name	(1a or 1h) - do not :	hhreviate or combine or	ACE IS FOR	FILING OFFICE USE ONLY	
	1a ORGANIZATION'S I	NAME		((d 0 (1b)	TODIEVIALE OF COMBINE NO	ames		
OR	ODILLE LI	VI LIXI 140	Δυ, μνο.					
	16. INDIVIDUAL'S LAST	NAME	4	FIRST NAME		MIDDLE	NAME	SUFFIX
	MAILING ADDRESS		——————————————————————————————————————	0.77				
	00 N. POTA			CHICAG	iO	STATE	60656	COUNTRY
1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION CORPORATION				N OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any 56699856		
2 A	2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one							NONI
•	2a. ORGANIZATION'S N	IAME	EGAL NAME - Insert only one	e de'، بر ماname (2a o	2b) - do not abbreviate	or combine	names	
0R		-		, C	_			, , , , , , , , , , , , , , , , , , , ,
	2b. INDIVIDUAL'S LAST NAME			FIRST NA 1E	FIRST NA IE		NAME	SUFFIX
					12			SOFFIX
2¢. M	AILING ADDRESS		Y-81	CITY	/)	STATE	DOOTH CODE	
					12	STATE	POSTAL CODE	COUNTRY
2d. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION			2f. JURISDICTIOI	2f. JURISDICTION OF ORGANIZ , FION		2g. ORGANIZATIONAL ID #, if any		
3 8	CUDED DADTUR N	DEBTOR		<u> </u>				NONE
J. OL	39 ORGANIZATION'S N	AME (OF NAME OF	TOTAL ASSIGNEE of ASSIG	NOR S/P) - insert or	ly <u>one</u> secured par v nu	ma (3a or 3t	o)	
OR .	CITIZENS F	INANCIAL	SERVICES, FSB	3		4		
	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MISOLE	NAME	SUFFIX
						(
	AILING ADDRESS 00 EAST JOI	_IET ST.		DYER		STATE	POSTA CODE 4631 I	COUNTRY
. Thi	s FINANCING STATEME	NT covers the following	ng colletorel.					

4. This FINANCING STATEMENT covers the following collateral: 29-08-234-053

All equipment, inventory, accounts, instruments, documents, chattel paper, deposit accounts, letter-of-credit rights, supporting obligations, investment property, general intangibles and fixtures, whether now owned or hereafter acquired.

ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN DINON LICE FILING
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)
OPTIONAL FILER REFERENCE DATA [if applicable] [ADDITIONAL FEE] [optional] All Debtors Debtor 1 Debtor 2
779384

0522117076 Page: 2 of 5

9 INAME OF FIRST DEBTOR (1a d	or 1b) ON RELATED FINANCING S	TATEMENT	·	i			
JUBILEE ENTERP				-			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME, SUFFIX				
		MIDDE	E NAME, SUFFIX				
10. MISCELLANEOUS							
6779384-40-1							
505659 ICITIZENS5 File with: Cook+, IL	900						
4 122	0/2-			THE ABOVE S	PACE IS FO	OR FILING OFFICE US	E ONLY
11. ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME	T FULL LEG L NAME - insert only	one name (11a	or 11b) - do not	abbreviate or com	bine name	es .	
R	0.						
11b. INDIVIDUAL'S LAST NAME	0,6	FIRST NAM	ME	<u> </u>	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS	<u> </u>	CITY	·- ·-			· , ·	
	C				STATE	POSTAL CODE	COUNTRY
1d. <u>SEE INSTRUCTION</u> ADD'L IN ORGANI DEBTOR	IZATION	N JURISI	DICTION OF ORG	ANIZATION	11g. OF	. RGANIZATIONAL ID#,	if any
							NO
ADDITIONAL SECURED P	'ARTY'S <u>or</u> ASSIGNOR S/P	's NAME - inser	to dy <u>one</u> name	(12a or 12b)			
3			45.			· · · · · · · · · · · · · · · · · · ·	
12b. INDIVIDUAL'S LAST NAME		FIRST NAM	IE /		MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS							
		CITY		6/2	STATE	POSTAL CODE	COUNTRY
. This FINANCING STATEMENT covers	timber to be cut or as-extrac	ted 16 Addition	nal collateral desc	<u> </u>	<u> </u>		
collateral or is filed as a X fixture		, o, riagring	idi collateral desci	ription.			
Description of real estate:					0.		
1, 22, 23, 24, 25 AND 26 BC S FOLLOWS: BEGINNING ORNER OF SAID LOT 19; F 7 FEET ALONG THE NO 9; THENCE SOUTH ALONC D.04 FEET, SAID LINE BEIN /EST OF THE THEN EXIST NE OF HALSTED STREET OUTHWESTERLY A DISTA OINT, SAID POINT BEING	THAT PART OF LOTS 19, 2 DUNDED AND DESCRIBED AT THE NORTHEAST THENCE WEST A DISTANO RTH LOT LINE OF SAID LO S A LINE A DISTANCE OF NG PARALLEL AND 7 FEET ING WEST RIGHT OF WAY THENCE NORMALLY DISTANT 7 FEET NORMALLY DISTANT 7 FEET	DE DT					
ORTH OF THE SOUTH LIN ORMALLY DISTANT 35 FE NE OF SAID LOT 19; THEN Name and address of a RECORD OWN (if Debtor does not have a record inter-	ET WEST OF THE EAST LO NCE WEST ALONG A ER of above-described real estate	ТС					
		17. Check or Debtor is a		d check <u>only</u> one box. ustee acting with resp		erty held in touch	Dooe4#- 5
		<u> </u>		d check only one box.		erty held in trust or	Decedent's Estate
			a TRANSMITTIN				
		Filed in o	connection with a I	Manufactured-Home T	ransaction -	effective 30 years	
				Public-Finance Transa			

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FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back	NT ADDENDUM					
9. NAME OF FIRST DEBTOR (1a or 1b)		MENIT				
93. ORGANIZATION'S NAME JUBILEE ENTERPRIS		INICIAI				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS						
6779384-40-1						
505659 ICITIZENS5 File with: Cook+, IL					R FILING OFFICE USE	ONLY
11. ADDITIONAL DEBTOR'S EXACT FUL	L LEG/L NAME - insert only one r	name (11a or 11b) - do not	abbreviate or combir	ne name:	3	
11a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S LAST NAME	0,	FIRST NAME		MIDDLE	NAME .	SUFFIX
11c. MAILING ADDRESS	0	CITY		STATE	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTION</u> ADD'L INFO RE ORGANIZATION DEBTOR		JURISDICTION OF ORG	ANIZATION	11g. OR	GANIZATIONAL ID#, if	any NONE
12. ADDITIONAL SECURED PARTY 12a. ORGANIZATION'S NAME	'S <u>or</u> ASSIGNOR S/P's NA	AME - insert o ilv <u>one</u> name	(12a or 12b)			
OR		40*				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY				
		CITY	6	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral or is filed as a fixture filing.14. Description of real estate:	imber to be cut or as-extracted	16. Additional collateral desc	ription:	Ś		
STRAIGHT LINE LYING 7 FEET PARALLEL WITH THE EXISTING LINE OF SIBLEY BOULEVARD (POINT ON THE WEST LOT LINE THENCE SOUTH ALONG THE WLOT 26 A DISTANCE 7 FEET TO BEING THE SOUTHWEST CORN THENCE EAST ALONG THE EXITHENCE FOR ALONG THE EXITHENCE FOR ALONG THE EXITHENCE FOR ALONG THE EXITHENCE FOR SAID NORTH A DISTANCE OF 125 FELOT LINE OF SAID LOT 19 TO THE BEGINNING); AND ALSO EXCEPTION ALSO EXCEPT	S NORTH RIGHT OF WAY 147TH STREET) TO A 16 OF SAID LOT 26; VEST LOT LINE OF SAID A POINT; SAID POINT VER OF SAID LOT 26; STING NORTH Y BOULEVARD TO THE LOT 19; THENCE ET ALONG THE EAST HE POINT OF					
OF THE STATE OF ILLLINOIS IN	OF TRANSPORTATION CASE NO. 97 L 50134					e to the second
15. Name and address of a RECORD OWNER of a (if Debtor does not have a record interest):	above-described real estate					
			rustee acting with respe-	ct to prope	erty held in trust or	Decedent's Estate
	i	18. Check only if applicable an			-	
		Debtor is a TRANSMITTIN Filed in connection with a			o#4+15 02	
	İ	Filed in connection with a				
TIME OFFICE CORP.					, ,	

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FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT			
99. ORGANIZATION'S NAME JUBILEE ENTERPRISES, INC.				
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS				
6779384-40-1	ľ			
File with: Cook+, IL		THE ABOVE SPACE IS FO	OR FILING OFFICE US	E ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEG'L NAME - insert only on 11a. ORGANIZATION'S NAME	e name (11a or 11b) - do not a	bbreviate or combine name	s	
TO CHONNIZATION S NAME				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	JURISDICTION OF ORGA	NIZATION 11g. OF	 RGANIZATIONAL ID #, i	f any NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's	NAME - insert or its one name (12a or 12b)	·	
12a. ORGANIZATION'S NAME OR 12b. INDIVIDUAL'S LAST NAME	4px	- / _		
TEO. INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	
		JIAIE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral descrip	tion:		
collateral or is filed as a fixture filing.		0,0		
AND DESCRIBED AS FOLLOWS: THAT PART OF LOTS 19, 20, 21 AND 22 DESCRIBED AS BEGINNING AT THE INTERSECTION OF THE WESTERLY RIGHT OF WAY LINE OF HALSTED STREET WITH THE NORTHERLY RIGHT OF WAY LINE OF SIBLEY BOULEVARD, SAID POINT BEING NORMALLY DISTANT NORTH 7 FEET FROM THE SOUTH LINE OF SAID LOT 20 AND NORMALLY DISTANT WEST 35 FEET FROM THE EAST			Diffico	
LINE OF SAID LOT 19; THENCE ON AN ASSUMED BEARING OF SOUTH 89 DEGREES 34 MINUTES 37 SECONDS WEST ALONG THE NORTHERLY RIGHT OF WAY LINE OF SAID SIBLEY BOULEVARD, PARALLEL WITH THE SOUTH LINE OF SAID LOTS, 16,428 METERS (53.90 FEET); THENCE NORTH 00 DEGREES 24 MINUTES 56 SECONDS WEST 1,507 METERS (4.94				,
15. 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			
		tee acting with respect to prope	rty held in trust or	Decedent's Estate
	18. Check only if applicable and o			<u> </u>
	Debtor is a TRANSMITTING Filed in connection with a Ma	UTILITY inufactured-Home Transaction -	- effective 30 years	
		blic-Finance Transaction effect		

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FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	ATEMENT			
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9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS				
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11a. ORGANIZATION'S NAME				
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME			
	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	СПУ	STATE	POSTAL CODE	COUNTRY
ADD'L INFO RE OF ORGANIZATION ORGANIZATION DEBTOR	JURISDICTION OF ORG	ANIZATION 11g. OF	RGANIZATIONAL ID #	; if any
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's	NAME - inscrt of ity one name	(12a or 12b)		
12a. ORGANIZATION'S NAME	G.	,,		
OR 12b. INDIVIDUAL'S LAST NAME	- $ -$			
120. INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers limber to be cut or as-extracted	ed 16. Additional collateral descri	rintion		
collateral or is filed as a fixture filing.	10.7 taditional confateral acaci	T/A		
14. Description of real estate:		0,		
)	
FEET); THENCE NORTH 89 DEGREES 34 MINUTES 37 SECONDS EAST 17.927 METERS (58.82 FEET) TO THE NORTHWESTERLY RIGHT OF WAY LINE COMMON TO THE AFOREMENTIONED STREETS; THENCE SOUTH DEGREES 26 MINUTES 25 SECONDS WEST ALONG SAID NORTHWESTERLY RIGHT OF WAY LINE 2.126 METERS (6.97 FEET) TO THE POINT OF BEGINNING; I BLOCK 6 IN YOUNG AND RYAN'S SECOND ADDITION TO HARVEY, A SUBDIVISION OF THE SOUTH 35 ACRE OF THE EAST 1/2 OF THE WEST 1/2 OF THE	N			
NORTHEAST 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 8, TOWNSHIP 36 NORT RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS, COMMONLY KNOWN AS 257 E. SIBLEY BLVD., HARVEY, IL. Parcel ID: 29-08-224-053	1			
15. 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 an	d check <u>only</u> one box.	···	
		rustee acting with respect to prop	erty held in trust o	Decedent's Estate
	18. Check only if applicable an			
	Debtor is a TRANSMITTIN		- M 11 25	
		Manufactured-Home Transaction Public-Finance Transaction effe	· ·	
	L Comiccion with a	, авист понос напрасион еп-	scrive or years	