LINOFFICIAL COMMINICATION OF THE PROPERTY OF T

Doc#: 0602517029 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 01/25/2006 11:20 AM Pg: 1 of 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFU	JLLY	
A. NAME & PHONE OF CONTACT AT FILER [optional	at]	
Diligenz, Inc. 1-800-858-5294		
B. SEND ACKNOWLEDGMENT TO: (Name and Add	iress)	
17166741 Prepared By: Diligenz, Inc. 6500 Harbour Heights Pkwy, S Mukilteo, WA 98275	uite 400	
	Filed In: Illinois	Cook

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

	- th) do not obbrought or combine compa			
 DEBTOR'S EXACT FULL LEG AL NAME - insert only one debtor name (1a of fig. ORGANIZATION'S NAME 	or Tb) - do not abbreviate of combine failles			
WICKER PARK PLACE LINITED PARTNERSHIP				
OR 15. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	IAME	SUFFIX
IV. HALFFIDOTA, C. B. 107 TO THE				
1c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
c/o RRG Development 2001 W Churchili Street	CHICAGO	iL	60647	USA
11. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGAN'_ATION	1f. JURISDICTION OF ORGANIZATION	1g, ORGA	NIZATIONAL ID #, if any	
36-3697332 ORGANIZATION Limited Partnership	¦ IL	5954	3644	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on the control of the contr	nbtor name (2a or 2b) - do not abbreviate or comb	ine names		
2a ORGANIZATION'S NAME				
	τ_{-}			
OR 2b. INDIVIDUAL'S LAST NAME	FIRS NAM	MIDDLE	NAME	SUFFIX
2c, MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	46			
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	21. JURISDICTION OF CREANIZATION	2g. ORGA	NIZATIONAL ID #, if any	
ORGANIZATION 1		1		NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party nume (3r or	3b)		A
3a. ORGANIZATION'S NAME				
LaSalle Bank National Association, as Trustee **	10			
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
		1/6		
		SAE	IPOSTAL CODE	COUNTRY
3c. MAILING ADDRESS	CITY	SAIF	6003	USA

4. This FINANCING STATEMENT covers the following collateral:

The financing statement is an "In Lieu of Continuation" for the following statements. Each of which shall remain effective:

File Date File Number Filing Office / Type 06/04/2001 01U05139 COOK COUNTY, IL(COUNTY)-ORG

Includes Fixtures, As-Extracted Collateral, and Timber to be Cut.

PIN: 17-06-207-023

ADDRESS COMMONLY KNOWN AS: 1527-31 NORTH WICKER PARK AVENUE, CHICAGO IL

**for the Banc One/FCCC Commercial Mortgage Loan Trust, Commercial Mortgage Pass-Through Certificates Series 2000-C1

	$\tau \mathcal{O}_{X}$	X
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING	N	(1)
6. This FINANCING STATEMENT is to be filed (for recorded) in the REAL All Debtors of the STATE RECORDS. Altach Addendum (if applicable) [ADDITIONAL FEE] All Debtors Obetor 1 Debtor 2	M	V X
8. OPTIONAL FILER REFERENCE DATA	1	U
030225129/LLB 17166741	V	7
	()	•

0602517029 Page: 2 of 2

UNOFFICIAL COPY

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY						
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEME	NT.				
	A I E IVIE					
9a, ORGANIZATION'S NAME						
WICKER PARK PLACE LIMITED PARTNERSH	IP					
OR Sb. INDIVIDUAL'S LAST NAME FIRST NAME		MIDDLE NAME, SUFFIX				
30, 113, 113, 113, 113, 113, 113, 113, 1		1				
10. MISCELLANEOUS:						
					S FOR FILING OFFIC	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL 'LECAL NAME - insert only one	name (11e or 11b) - do not abbrev	ate or combine nam	9\$		
11a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S LAST NAME	FIR	TNAME		MIDDLE	NAME	SUFFIX
						- [
ALL MANUFOLASSPERS	CIT	·		STATE	POSTAL CODE	COUNTRY
11c. MAILING ADDRESS		•				
	1	JURISDICTION OF ORGAN	SIZATION	110 ORG	 ANIZATIONAL ID #, if an	
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATIO	114	JURISDIC HUN OF CRUSHI	WZA NON	jing. one	,	
DEBTOR	11					NONE
12. ADDITIONAL SECURED PARTY'S gr ASSIGNOR S/P'	S NA	€ - ins rt only <u>one</u> name	(12a or 12b)			
12s. ORGANIZATION'S NAME						
		O_{\prime}				
OR 12b, INDIVIDUAL'S LAST NAME	FIR	STNAME		MIDDLE	NAME	SUFFIX
120, INDIVIDUAL S LAST NAME			,	1		
				STATE	POSTAL CODE	COUNTRY
12c. MAILING ADDRESS	CIT	Y J		SIAIE	FUSTALCODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16.	Additional collateral descri	ption.			
collateral, or is filed as a 🗶 fixture filing.			ption			
14. Description of real estate:			CV,	6.		
THE NORTHWESTERLY 1/2 OF LOT 34, AND ALI	-					
OF LOTS 35 AND 36 IN BLOCK 5, IN DAVID S.				1.0	\	
LEE'S ADDITION TO CHICAGO IN SECTION 6,				Ο.		
TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE	=					
TUDE DEMONDAL MEDICIAN IN COOK	-					
THIRD PRINCIPAL MERIDIAN, IN COOK						
COUNTY, ILLINOIS.	-					
	- [Office of the second	
PIN: 17-06-207-023					60	
ADDRESS COMMONLY KNOWN AS: 1527-31	-				C	
NORTH WICKER PARK AVENUE, CHICAGO IL	ı					
MORTH WICKER PARK AVEITOE, CHICAGO IE						
15. Name and address of a RECORD OWNER of above-described real estate						
(if Debtor does not have a record interest):						
• • • • • • • • • • • • • • • • • • • •	ĺ					
	L					
	17	Check <u>only</u> if applicable a	nd check <u>only</u> one b	ox.		
	De	otoris a Trust or	Trustee acting with	respect to p	roperty held in trust or	Decedent's Estate
		Check only if applicable a			-	
			•			
	-	Debtoris a TRANSMITTIN				
	I⊨	Filed in connection with a				
		Filed in connection with a	Public-Finance Tran	saction — e	ffective 30 years	

FILING OFFICE COPY -- NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)