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Doc#: 0607641176 Fee: \$32.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 03/17/2006 02:41 PM Pg: 1 of 5

UCC FINANCING STATEMENT AMENDMENT

1a. INITIAL FINANCING STATEMENT FILE

6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME

6b. INDIVIDUAL'S LAST NAME

7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME

7b. INDIVIDUAL'S LAST NAME

OR

0020017008 1/4/02 COOK CO. REC

for the additional period provided by applicable law

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Louis D'Angelo Metropolitan Properties of Chicago 310 S. Michigan Ave. Chicago IL. 60604

Also check one of the following three boxes and provide appropriate information in item 6 and or 7.

name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c

filed (for record) (or recorded) in the REAL ESTATE RECORDS 2. TERMINATION: Effectiveness of the Financing Statement i entific d above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement ider life: above with respect to security interest(s) of the Secured Party authorize this Continuation Statement is continued ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7 address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects 🔲 Debtor or 🖳 🤉 📖 ed Party of record. Check only one of these two boxes. CHANGE name and/or address: Give current record name in item 6a or 6b; also give nev DELETE name: Give record name ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

MIDDLE NAME

MIDDLE NAME

SUFFIX

SUFFIX

This FINANCING STATEMENT AMENDMENT is to be

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

				9.	•
7c. MAILING ADDRESS			CITY	STATE POSTAL COL	DE COUNTRY
7d.TAX	ID #:SSN OR EIN ADD'L IN ORGANI; DEBTOR	ZATION	ON 7f. JURISDICTION OF ORGA	NIZATION 7g ORG/NIZ TIONAL II	O#, if any
8. AME Desc	NDMENT (COLLATERAL CHA	ANGE): check only <u>one</u> box. added, or give entire restated co	ullateral description, or describe collatera	al Cassigned	
9. NAM	E OF SECURED PARTY OF F	RECORD AUTHORIZING THIS AMENDA	ENT (name of assignor, if this is an As	signment). If this is an Assignment). If this is an A	mendment authorized
	otor which adds collateral or ac	dds the authorizing Debtor, or if this is a T		ck here and enter name of DEBTOR authorizing	
OR :	9a. ORGANIZATION'S NAM COLE TAYLOR	·-			, , , , , , , , , , , , , , , , , , , ,
UK	9b. INDIVIDUAL'S LAST NA	AME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPT	TIONAL FILER REFERENCE I	DATA			
318 9	SOUTH MICHIGAI	N AVENUE, L.L.C. (913)	1) #78998		

FIRST NAME

FIRST NAME

☐ FILING OFFICE ☐ ACKNOWLEDGMENT ☐ DEBTOR ☐ SECURED PARTY COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

Near North National Title 222 N. LaSalle Chicago, IL 60601

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EXHIBIT B

LEGAL DESCRIPTION

THE NORTH 53 FEET OF LOT 5 IN BLOCK 8 IN FRACTIONAL SECTION 15 ADDITION TO CHICAGO IN SECTION 15, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

ADDRESS:

318 SOUTH MICHIGAN AVENUE, CHICAGO, ILLINOIS Of Coot County Clark's Office

PIN NO. 17-15-107-013

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		STATEME!	NT AMENDMENT						
		ONTACT AT FILER (
B. SEN	D ACKNOWLEDGI	MENT TO: (Name ar	nd Address)						
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			<u>Cl</u>		THE ABO	OVE SPACE	IS FOR FILING OFFICE U	SE ON	LY
		1/02 COOK			This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.				
2.	TERMINATION: Ef	fectiveness of the Fi	nancing Statement Jentifi d above i	s terminated wi	h respect to security intere	est(s) of the S	ecured Party authorizing thi	s Term	ination Statement.
3.	CONTINUATION:		Financing Statement ider affect above						
4.	ASSIGNMENT (ful	l or partial): Give na	me of assignee in item 7a or 72 and	address of assi	gnee in item 7c; and also g	give name of a	assignor in item 9.		***
Also	heck <u>one</u> of the folio	owing three boxes ar	s Amendment affects Debtor on the provide appropriate information in	item + 6 ano/or	7.				
L_ CH	ANGE name and/or ne (if name change)	address: Give curre in item 7a or 7b and	ent record name in item 6a or 6b; als Vor new address (if address change)	in item 7c.	DELETE name: Give red to be deleted in item 6a o		ADD name: Complete it item 7c; also complete it		
6. CUR	RENT RECORD IN 6a. ORGANIZAT				4)				
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OR	6b. INDIVIDUAL'	S LAST NAME		FIRST NAM	C	<u></u>	MIDDLE NAME		SUFFIX
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OR	7b. INDIVIDUAL	S LAST NAME		FIRST NAME		T	MIDDLE NAME		SUFFIX
	LING ADDRESS			CITY			STATE POSTAL C		COUNTRY
7d.TAX ID #:SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 7e.TYPE OF ORGANIZATION			7f. JURISD	ICTION OF ORGANIZATIO	ON	7g ORGANIZATIONAL NONE	ID#, i	fany	
		ERAL CHANGE): cl	neck only <u>one</u> box. I, or give entire restated collater	al description, o	r describe collateral as	ssigned.	<u>C</u>		
			AUTHORIZING THIS AMENDMENT thorizing Debtor, or if this is a Termir			宀	,		
	9a. ORGANIZAT		trionzing Debiot, of it this is a Termin	lation authorize	d by a Deblor, check here	and ente	er name of DEBTOR author	zing in	s Anendment.
OR	9b. INDIVIDUAL'	S LAST NAME		FIRST NAM	E		MIDDLE NAME		SUFFIX
	TIONAL FILER REF SOUTH MIC		NUE, L.L.C. (9131)	#78998					

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0607641176 Page: 4 of 5

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	·····			s terminated with respect to security inter	1		- T
3.							•
* .	for the additional per			e with respect to security interest(s) of the	Secured Party	authorize this Continuation	n Statement is continued
4.	ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or it ar	address of assignee in item 7c; and also	give name of a	ssignor in item 9.	
				Secured Party of record. Check onl	y <u>one</u> of these	two boxes.	
		_	d provide appropriate information in	iter, s.6 anu/or /. cogive ne w DDELETE name: Give re		ADD name: Complete it	om 7a or 7h, and also
nar	ne (if name change)	in item 7a or 7b and	or new address (if address change)				ems 7d-7g (if applicable).
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OR							
	6b. INDIVIDUAL'	S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
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OR	7b. INDIVIDUAL'	S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX		
				THO THURST	· S	WIDDLE IV III.	001111
7c. MA	LING ADDRESS	***************************************		CITY		S' ATE POSTAL C	ODE COUNTRY
7d TAX	ID #:SSN OR EIN	ADD'L INFO RE	7e.TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATI	ON	7g ORG NITATIONAL	ID# if one
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				al description, or describe collateral 🔲 a	assigned.		
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				name of <u>assignor</u> , if this is an Assignme, nation authorized by a Debtor, check here	$\overline{}$	n Assignment). If this is an r name of DEBTOR authori	
	9a. ORGANIZATI				_ 		
OR	9b. INDIVIDUAL'S			FIRST NAME	г	MIDDLE NAME	SUFFIX
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318	SOUTH MIC	HIGAN AVE	NUE, L.L.C. (9131)	#78998			

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0607641176 Page: 5 of 5

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2.	TERMINATION: E	fectiveness of the Fi	nancing Statement dentifi d above is	s terminated wi	th respect to security intere	st(s) of the S	ecured Party authorizing this Term	nination Statement.
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			d provide appropriate information in i					
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9. NAM	E OF SECURED PA	ARTY OF RECORD	AUTHORIZING THIS AMENDMENT	(name of assign	anor, if this is an Assignmer	nt). If this is a	n Assignment). If this is an Amer	ndment authorized
by a De	otor which adds colla 9a. ORGANIZAT		horizing Debtor, or if this is a Termin	ation authorize	d by a Debtor, check here	and ente	r name of DEBTOR authorizing the	nis Amendment.
		LOR BANK						
OR	9b. INDIVIDUAL			FIRST NAM	É	-	MIDDLE NAME	SUFFIX
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10. OP	FIONAL FILER REF	ERENCE DATA		L			<u> </u>	l
			NUE, L.L.C. (9131)	#78998				

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