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CC FINANCING STATEMENT AMENI	OMENT	Doc#: 0626217049	Fee: \$26.50
DLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]		Eugene Gene Most	DeedS
Diligenz, Inc. 1-800-858-5294		Cook County Recorder 5. Date: 09/19/2006 10:35 A	M Pg: 1 of 2
SEND ACKNOWLEDGMENT TO: (Name and Address)			
21675765 - 9/7/2006	٦		
Prepared by:	1		
Diligenz, Inc.			
6500 Harbour Heights Pkwy, Suite 400)		
Mukilteo, W/\ 98275			
Filed	d In: Illinois Cook		
INITIAL FINANCING STATEMENT II C #		THE ABOVE SPACE IS FOR FILING OFFICE 1b. This FINANCING STATE	
0411010031 4/19/2004		to be filed [for record] (or REAL ESTATE RECOR	or recorded) in the
X TERMINATION: Effectiveness of the ring noin. Statement ident		curity interest(s) of the Secured Party authorizing this Te	rmination Statement.
CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law.	entified above with respect to security inte	rest(s) of the Secured Party authorizing this Continua	tion Statement is
ASSIGNMENT (full or partial): Give name of assigned in the 27	on 7h and address of anning in item 7.		
AMENDMENT (PARTY INFORMATION): This Amendment at		and also give name of assignor in item 9. record. Check only one of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate is	/B - H	record. Check anly one of these two poxes.	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give rec	ord name ADD name: Complete item: or 6b. also complete items 7e-7g (r	7a or 7b, and also item 7c;
CURRENT RECORD INFORMATION:			аррисавлеј.
6a ORGANIZATION'S NAME 1709 W. ROSEHILL, LLC			
6b. INDIVIDUAL'S LAST NAME	TFIRST NAME	MIDDLE NAME	LOUISTIN
		IMIDDLE IANGE	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	7	1	
7b. INDIVIDUAL'S LAST NAME	FIDOTALANE		
. W. WEITE OF EAST WANTE	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
			o o o o o o o o o o o o o o o o o o o
SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZ ORGANIZATION	ZATION 7f. JURISDICTION OF ORGA	ANIZATION 7g O 3GANIZATIONAL ID#,	if any
DEBTOR			Non
AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire resta			
L FIXTURES, PERSONAL PROPERTY, LEASES, DE	ONNECTION WITH THE SUBJE	SPECIFICATIONS AND ALL SALES CON	TRACTS
LONGING TO THE DEBTOR/GRANTOR USED IN C		OF SOLDATE WALL TO LIVE COMP. OF	ILT KINOVIN AS
LUNGING TO THE DEBTOR/GRANTOR USED IN C	9 (P.I.N. #14-06-408-042-0000)		
LONGING TO THE DEBTOR/GRANTOR USED IN C	U (P.I.N. #14-06-408-042-0000)		
LONGING TO THE DEBTOR/GRANTOR USED IN C	บ (P.I.N. #14-06-408-042-0000)		
LONGING TO THE DEBTOR/GRANTOR USED IN C	บ (P.I.N. #14-06-408-042-0000)		
LONGING TO THE DEBTOR/GRANTOR USED IN C	U (P.I.N. #14-06-408-042-0000)		
LONGING TO THE DEBTOR/GRANTOR USED IN C	U (P.I.N. #14-06-408-042-0000)		
LUNGING TO THE DEBTOR/GRANTOR USED IN C	บ (P.I.N. #14-06-408-042-0000)		
09 W. ROSEHILL DRIVE, CHICAGO, ILLINOIS 60660	, 	if this is an Assumption (I. W.)	
IAME OF SECURED PARTY OF RECORD AUTHORIZING dds collateral or adds the authorizing Debtor, or if this is a Termination	THIS AMENDMENT (name of assignor.	if this is an Assignment). If this is an Amendment autho d enter name of DEBTOR authorizing this Amendmen	orized by a Debtor which t.
IAME OF SECURED PARTY OF RECORD AUTHORIZING dds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME	THIS AMENDMENT (name of assignor.	if this is an Assignment). If this is an Amendment authord enter name of DEBTOR authorizing this Amendmen	orized by a Debtor which t
NAME OF SECURED PARTY OF RECORD AUTHORIZING dds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME MB FINANCIAL BANK, N.A.	THIS AMENDMENT (name of assignor, authorized by a Debtor, check here and	d enter name of DEBTOR authorizing this Amendmen	rt.
IAME OF SECURED PARTY OF RECORD AUTHORIZING dds collateral or adds the authorizing Debtor, or if this is a Termination [9a. ORGANIZATION'S NAME]	THIS AMENDMENT (name of assignor.	if this is an Assignment). If this is an Amendment authord enter name of DEBTOR authorizing this Amendment MIDDLE NAME	orized by a Debtor which t.

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UCC FINANCING STATI	back) CAREFULLY	
11. INITIAL FINANCING STATEMEN 0411010031 4/19/200	04	
12. NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME MB FINANCIAL BANK		tem 9 on Amendment form)
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. Use this space for additional inform	nation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

THE WE EAST OF 1. THE EAST 25 FEET OF LOT 6 / ND THE WEST 6 FEET OF LOT 5 IN OWNERS SUBDIVISION OF PART OF THE SOUTHEAST OF SECTION 6, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS