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## UNOFFICIAL COPY

CC FINIANICINIC	STATEMENT AMENDMEN	מ	00#: 0710000	\$28.00
	(front and back) CAREFULLY	Oc	ook County Become	e:\$10.00
NAME & PHONE OF CO	ONTACT AT FILER [optional]	Da	ate: 04/16/2007 03:17 PM Pg:	4 - 4 -
PETER WONA	IS (312) 243-3667		Fg.	1 01 3
. SEND ACKNOWLEDG	MENT TO: (Name and Address)	_		
WONAIS.	& WONAIS LTD.			
· · · ·	CKSON BLVD.			
	LLINOIS 60607			
<u></u>		THE ABO	VE SPACE IS FOR FILING OFFICE L	ISE ONLY
a. INITIAL FINANCING STAT	FEMENT ILE	THE ABO	1b. This FINANCING STATEM	ENT AMENDMENT is
0030009300			to be filed [for record] (or re REAL ESTATE RECORDS	ecorded) in the
TERMINATION: Eff	fectiveness of the Linan and Statement identified above	is terminated with respect to security interest(	s) of the Secured Party authorizing this Term	ination Statement.
CONTINUATION: E	Effectiveness of the Financing Statement identified abo	ove with respect to security interest(s) of the	Secured Party authorizing this Continuation	Statement is
	ional period provided by applicable law.	i itan 7- and also give	name of accignor in item 0	
	or partial): Give name of assignee in item 7a or 7b and Y INFORMATION): This Amendment affects D	address of assignee in item 7c, and also give lebtor or Secured Party of record. Check		
AMENDMENT (PART)  Also check one of the follogous	wing three boxes and provide appropriate information in		203 of 0,000 to 2	
FT CHANGE name and/ora	address: Please refer to the detailed instructions he name/address of a party	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a also complete items 7e-7g (if ar	or 7b, and also item 7c; oplicable).
CURRENT RECORD IN				
6a. ORGANIZATION'S N	NAME			
OR AC INIDIA/IDITAL'S LAST	-NAME	FIRSTNIME	MIDDLE NAME	SUFFIX
<sup>DR</sup> 6b. INDIVIDUAL'S LAST	NAME			
7. CHANGED (NEW) OR A	ADDED INFORMATION:	40.2		<u> </u>
7a. ORGANIZATION'S N				
20		Terror VIII	MIDDLE NAME	SUFFIX
		FIRST NAME	WIODE NAME	001111
76. INDIVIDUAL'S LAST	TNAME		I	ĺ
76. INDIVIDUAL'S LAST	TNAME	CITY	STATE POSTAL CODE	COUNTRY
76. INDIVIDUAL'S LAST	TNAME	CITY	STATE POSTAL CODE	COUNTRY
76. INDIVIDUAL'S LAST	ADD'L INFO RE   7e TYPE OF ORGANIZATION ORGANIZATION	CITY  7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID #, if:	any
76. MAILING ADDRESS 7d. SEE INSTRUCTIONS	ADD'L INFO RE   7e TYPE OF ORGANIZATION ORGANIZATION DEBTOR		75 ORGANIZATIONAL ID #, if:	
c. MAILING ADDRESS d SEEINSTRUCTIONS	ADD'L INFO RE   7e TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	75 ORGANIZATIONAL ID #, if:	any
76. INDIVIDUAL'S LAST  C. MAILING ADDRESS  C. SEEINSTRUCTIONS  B. AMENDMENT (COLL)  Describe collateral de	ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral	75 ORGANIZATIONAL ID #, if:	any
76. INDIVIDUAL'S LAST 76. MAILING ADDRESS 76. SEEINSTRUCTIONS 8. AMENDMENT (COLL. Describe collateral de	ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box. eleted or added, or give entire restated collate.	7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral a	7. ORGANIZATIONAL ID #, if assigned.	any No
76. INDIVIDUAL'S LAST  76. MAILING ADDRESS  76. SEE INSTRUCTIONS  8. AMENDMENT (COLL.  Describe collateral describe collateral describe collateral describe collateral or adds the	ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box. eleted or added, or give entire restated collate.   2	7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral a	7. ORGANIZATIONAL ID #, if assigned.  Assignment). If this is an Amendment author	any No
76. INDIVIDUAL'S LAST  76. MAILING ADDRESS  76. SEE INSTRUCTIONS  8. AMENDMENT (COLL.  Describe collateral describe collateral describe collateral describe collateral or adds the	ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box. eleted or added, or give entire restated collate.  ATERAL CHANGE or give entire restated collate.	7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral a	7. ORGANIZATIONAL ID #, if assigned.  Assignment). If this is an Amendment author	any No

FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

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## **UNOFFICIAL COPY**

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
11. INITIAL FINANCING STATEMENT		ndment form)			
0030009300					
12. NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME ILLINOIS HOUSING	<del></del>				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX			
13. Use this space for additional inform	mation				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR: KINGSTON APARTMENTS LIMITED PARTNERSHIP

NAPAR.

OF COUNTY CIENTS OFFICE RECORD OWNER: KINGS FON APARTMENTS LLC

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## **UNOFFICIAL COPY**

Legal Description of premises:

LOT 17 AND THE EAST 32 FEET OF LOT 18 IN HIGH RIDGE BEING A SUBDIVISION OF LOTS 41 TO 52 INCLUSIVE, IN THE FOURTH DIVISION OF SOUTH SHORE SUBDIVISION OF THE NORTH FRACTIONAL 1/2 OF SECTION 30, TOWNSHIP 38 NORTH, RANGE 15 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Permanent Real Estate Index Number: 21-30-117 010-0000

Address of Premises: 7436 SOUTH KINGSTON, CHICAGO, ILLINOIS 60649