## OFFICIAL COPY

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## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

American Enterprise Bank 600 N. Buffalo Grove Buffalo Grove, IL 60089



Doc#: 0813433245 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 05/13/2008 02:39 PM Pg: 1 of 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

_								
1. C	EBTOR'S EXACT FU	JLL LEGAL HAMI	- insert only one debtor name (1a	or 1b) - do not abbreviate or combine names				
- 1	1a. ORGANIZATION'S NA	ME						
	CIRCLE PAR	RTNERS.	I.C					
OR 1b. INDIVIDUAL'S LAST NAME			<del>\</del>	FIRST NAME	MIDDLE	MIDDLE NAME		
	TO HADIANDONE O ENOT		/X,					
					STATE	IPOSTAL CODE	COUNTRY	
10. MAILING ADDRESS  801 CIRCLE AVENUE				CITY			COONIKI	
			FOREST PARK	IL	60130			
1d. SEE INSTRUCTIONS   ADD'L INFO RE   1e. TYPE OF ORGANIZATION   LLC			1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any				
			IL					
		DEBTOR		<u> </u>			PANONE	
2. <i>P</i>	ADDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only one	tor name (2a or 2b) - do not abbreviate or com	bine names	<del> </del>		
	2a. ORGANIZATION'S NA	ME						
				1				
OR 2b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX		
				<u> </u>		Incorn cons	COUNTRY	
2c. MAILING ADDRESS				CITY	SIAIE	STATE POSTAL CODE		
				'/)x	l			
2d	SEE INSTRUCTIONS	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF C (G/ NIZATION	2g. ORG	SANIZATIONAL ID #, if any		
		ORGANIZATION	•				NONE	
		DEBTOR	<u> </u>			<del>.</del>	I INONE	
3. §	SECURED PARTY'S	NAME (or NAME	of TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only one secured party name (3.4 or	3b)	<del></del>		
	3a. ORGANIZATION'S N			<b>'</b> (	) ,			
	AMERICAN	ENTERPI	RISE BANK					
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
					0,1			
_				CITY	STATE	POSTAL CODE	COUNTRY	
3c. MAILING ADDRESS			_	- · · ·		1 7		
600 N. BUFFALO GROVE			BUFFALO GROVE	IL "	JOC089	USA		

4. This FINANCING STATEMENT covers the following collateral:

**ALL FIXTURES.** 

5. ALTERNATIVE DESIGNATION [if applicable]		CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be fill ESTATE RECORDS. Attach Addendu	ed [for record] (or recorded) in t i	he REAL 7. Check to REQI f applicable] [ADDITIONAL I	JEST SEARCH RÉPOR EE]	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA



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UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT				
9a. ORGANIZATION'S NAME					
CIRCLE PARTNERS, LLC					
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:					
11. ADDITIONAL DEBTOR'S EXACT FULL /cG/i_ NAME - insert only one	name (11a or 11h), do not abbre		E IS FOR FILING O	FFICE USE ONLY	
11a. ORGANIZATION'S NAME  11a. ORGANIZATION'S NAME	name (11a or 11b) - do not abbre	viate or combine names			
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	E NAME	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
11d. SEE INSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7 If. JURISDICTION OF ORGA	NIZATION 11g. C	ORGANIZATIONAL ID#,	if any	
12. ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P'S	NAN E - insert only one name	e (12a or 12b)			
OR 12b. INDIVIDUAL'S LAST NAME	TFIRST NAME	TAUDDI	E NAME	SUFFIX	
126. INDIVIDUAL'S LAST NAME					
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
13. This FINANCING STATEMENT covers timber to be cut or collateral, or is filed as a fixture filing.  14. Description of real estate:  LOTS 1, 2 AND 3 AND THAT PART OF LOT 4 DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 4; THENCE WESTERLY ALONG THE SOUTH LINE OF SAID LOT 4, A DISTANCE OF 1.95 FEET TO THE EXTERIOR FACE OF A ONE STORY BRICK AND STUCCO BUILDING; THENCE NORTHERLY ALONG THE FACE OF SAID ONE STORY BRICK AND STUCCO BUILDING TO A POINT ON THE NORTH LINE OF SAID LOT 4, SAID POINT BEING 2.20 FEET WEST OF THE NORTHEAST CORNER OF SAID LOT 4; THENCE EAST ON THE NORTH LINE OF SAID LOT 4, A DISTANCE OF 2.20 FEET TO THE NORTHEAST CORNER OF LOT 4; THENCE SOUTH ON THE EAST LINE OF SAID LOT 4 TO THE POINT OF BEGINNING, ALL IN BLOCK 2 IN ADAM SCHAAF AND W. A. KREIDLER'S ADDITION TO SOUTH OAK PARK, BEING A SUBDIVISION OF  15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):		75			
	17. Check only if applicable a		property held in trust	or Decedent's Estate	
	18. Check only if applicable and check only one box.				
	Debtor is a TRANSMITTING UTILITY				
	Filed in connection with a	Manufactured-Home Transac	ction - effective 30 years	5	
	Filed in connection with a	Public-Finance Transaction -	effective for 30 years		

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## **UNOFFICIAL COPY**

UCC FINANCING STATEM FOLLOW INSTRUCTIONS (front and back						
9. NAME OF FIRST DEBTOR (1a or 1b)		EMENT	1			
9a. ORGANIZATION'S NAME CIRCLE PARTNERS,			1			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	<b>₹</b>			
10. MISCELLANEOUS:		•				
200			<u> </u>		S FOR FILING OFFIC	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FOR STATE OF STATE	JLL L'EGA' NAME - insert only <u>one</u> na	ame (11a or 11b) - do not abbr	eviate or combine name	·\$		····
OR 11b. INDIVIDUAL'S LAST NAME	- Ox	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	Co	CITY		STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L INFO RI ORGANIZATIO DEBTOR		11". JURISDICTION OF ORG	ANIZATION	11g. OR(	GANIZATIONAL ID #, if an	y NONE
12. ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME	Y'S or ASSIGNOR S/P'S	NAME - insert only one name	ne (12a or 12b)	····		
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	ζ,	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing.  14. Description of real estate:	timber to be cut or as-extracted	16. Additional collateral desc	cription:			
THE WEST 1/2 OF THE NO SOUTHEAST 1/4 OF SECTION OF RANGE 12, EAST OF THE THIRD COOK COUNTY, ILLINOIS	13, TOWNSHIP 39 NORTH,			9,	Office	
					0	
15. Name and address of a RECORD OWNER (if Debtor does not have a record interest):	of above-described real estate					
		17. Check only if applicable				7
		Debtor is a Trust or 18. Check only if applicable			operty held in trust or	Decedent's Estate
		Debtor is a TRANSMITTI		ransactio	n - effective 30 vears	
		Filed in connection with		ction - eff		