

UCC FINANCING STATEMENT

4. This FINANCING STATEMENT covers the following collateral:

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (81	8) 662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	5028 SUBURBAN BANK &
UCC Direct Services	14376261
P.O. Box 29071	
Glendale, CA 91209-9071	FIXTRIBE



Doc#: 0813616042 Fee: \$40.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds

Date: 05/15/2008 02:50 PM Pg: 1 of 3

THE WILLI. CC IL COOK+, IE THE ABOVE SPAI			VE SPACE IS FOR FILING OFFICE USE ONLY	CE IS FOR FILING OFFICE USE ONLY			
1	. DEBTOR'S EXACT FULL LEG NAME - insert only one debtor name (1	a or 1b) - do not abbreviate or comb	pine names				
OI	103RD & CICERO, <i>L</i> .L.C.						
	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
1	S 660 MIDWEST ROAD	OAK BROOK Cont On	Adden. STATE POSTAL CODE 60181	COLINTRY			
	ADD'L INFO RE 19. TYPE OF OF GANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	02119501-L	 			
2,	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de	ebtor name (2a or 2b) - do not abbre	viate or combine names				
	2a. ORGANIZATION'S NAME)/					
OR		τ_{-}					
	25. INDIVIDUAL'S LAST NAME	FIRS (NAN E	MIDDLE NAME	SUFFIX			
20	MAJLING ADDRESS						
		CITY	STATE POSTAL CODE	COUNTRY			
2d.	SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION	21. JURISDICTION OF CREANIZATION	2g. ORGANIZATIONAL ID #, if any				
3.	DEBTOR DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNED ASSIGNED ASSIGNED			NONE			
	SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only one secured par	ty name (3a or 3b)				
SUBURBAN BANK & TRUST							
	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME				
			MIDDLE MAINE	SUFFIX			
3c 4.6	MAILING ADDRESS	CITY	STATE / POSTAL CODE				
150 BUTTERFIELD ROAD		ELMHURST	IL POSTAL CODE	USA			

Parcel ID: 24-16-204-051-0000 & 24-16-204-052-0000. All Fixtures; whether any of the foregoing is owned now or acquired later all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing; all proceeds relating to any of the

ALTERNATIVE DESIGNATION [if applicable] [X] This FINANCING STATEMENT is to be filed [X] ESTATE RECORDS. Attach Addendum 8. OPTIONAL FILER REFERENCE DATA	Pre an annual	SIGNOR BAILEE/BAILOR SELLER, leck to REQUEST SEARCH REPORT(S) on Debt DDITIONAL FEEL Soptional	NON-UCC FILING
14376261	14242	103RD & CICER	All Debtors Debtor 1 Debtor 2 (My
FILING OFFICE COPY - NATIONAL UCC FIN	Prepared by UCC Direct Services, P.O. Box 29071, 172		

Prepared by UCC Direct Services, P.O. Box 290 Glendale, CA 91209-9071 Tel (800) 331-3282

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F	INANCING STATEME DLLOW INSTRUCTIONS (front and bo	ENT ADDENDUM ack) CAREFULLY					
	9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT			†			
•	9a. ORGANIZATION'S NAME			1			
OF	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10	. MISCELLANEOUS						
14	1376261-IL-31						
Fil	28 SUBURBAN BA. K & e with: CC IL Cook+, IL 103I ADDITIONAL DEBTOR'S EXACT FU	RD & CICERO 1424		THE ABOVE SP/	ACE IS FO	OR FILING OFFICE USE	ONLY
	103RD & CICERO, L		name (11a or 11b) - do not	abbreviate or combine	ne name	s	
OR	17b. INDIVIDUAL'S LAST NAME	L.(.					
_	TIB. HADIVIDOAL S LAST NAME	Ox	FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE	NAME	SUFFIX
11c	MAILING ADDRESS	OAD O	CITY		STATE	POSTAL CODE	COUNTRY
	1 S 660 MIDWEST R SEE INSTRUCTION ADD'L INFO R		TERRACE		IL	60181	
	ORGANIZATIO DEBTOR	LLC	11f. JURISDICTION OF ORG	ANIZATION		GANIZATIONAL ID#, if 19501-L	any
12.	ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME	Y'S or ASSIGNOR S/P's N	AME inser only one name	(12a or 12b)			
	124. ORGANIZATION'S NAME		0,	·		<u> </u>	
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
120	MAILING ADDRESS		17,				001111
	WILLIAO ADDI(EGG		CITY		STATE	POSTAL CODE	COUNTRY
13. 7	his FINANCING STATEMENT covers	timber to be cut or as-extracted		<u>C</u> /			
	collateral or is filed as a X fixture filing.	timber to be cut or as-extracted	16. Additional collateral descr	iption;			
14. 🛭	escription of real estate:			1			
				,	5		
MIE	scription: LOTS 1 AND 2 IN T DWEST HIGHLANDS, BEING	HE RESUBDIVISION OF					
LO	18 21 TO 32. BOTH INCLUSI	VE (EXCEPT THE EAST				Psc.	
4 [EET THEREOF TAKEN FOR IS 33 TO 37, BOTH INCLUSI	CICERO AVENHELAND					
4 [EET THEREOF TAKEN FOR	CICERO AVENILIELINI				Diffice O	
BL(OCK 1 IN MIDWEST HIGHLAI NORTHEAST 1/4 OF THE N	NDS A SUBDIVISION OF				C	
SEC	FROM 16, TOWNSHIP 37 NO	RTH RANGE 13 EAST					
UL	THE THIRD PRINCIPAL MER D PLAT OF RESUBDIVISION	RIDIAN ACCORDING TO					
HIG	HLANUS RECORDED DECE	MRER 16 2005 AC					
DO	ZUMENT NUMBER 05350390	101 IN COOK COUNTY					
AT 1	NOIS. Real Property located THE CORNER OF 103RD AN	D CICERO, OAK LAWN					
15. N a	me and address of a RECORD OWNER of a february for the february for the february for the february for the february febru						
			17. Check only if applicable and	check only one box			
				stee acting with respect	to proper	ty held in trust or	Decedent's Estate
		Ì	18. Check only if applicable and				
			Debtor is a TRANSMITTING				
			Filed in connection with a M				,
			Filed in connection with a Pi	ublic-Finance Transactio	n effect	tive 30 years	

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F	FINANCING STATEME OLLOW INSTRUCTIONS (front and ba	NT ADDENDUM					
	9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT [9a. ORGANIZATION'S NAME						
•							
* 0	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
11	D. MISCELLANEOUS						
1	4376261-IL-31						
Fi 		RD & CICERO 142		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
.,	. ADDITIONAL DEBTOR'S EXACT FUI	LUIGAL NAME - Insert only one	name (11a or 11b) - do not a	abbreviate or combin	e names		
OR							
_	11b. INDIVIDUAL'S LAST NAME	Ox	FIRST NAME		MIDDLE	NAME	SUFFIX
110	: MAILING ADDRESS	C	CITY		STATE	POSTAL CODE	COUNTRY
110	1. <u>SEE INSTRUCTION</u> ADD'L INFO RE ORGANIZATIO DEBTOR		11f. JURISDICTION OF ORGA	ANIZATION	11g. OR(L Ganizational ID#, #.	any NONE
12.	ADDITIONAL SECURED PARTY 12a. ORGANIZATION'S NAME	'S or ASSIGNOR S/P's N	IAME inser only one name	(12a or 12b)			
OR			0,				
	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	11	MIDDLE N	IAME	SUFFIX
12c	MAILING ADDRESS		CITY		STATE	POSTAL CODE	0000000
					JAIL	TOSTAL CODE	COUNTRY
	This FINANCING STATEMENT covers collateral or is filed as a fixture filing.	timber to be cut or as-extracted	16. Additional collateral descri	ption:			
14. (Description of real estate:			τ_{i}			
NU	60453 REAL PROPERTY TAX MBERS: 24-16-204-051-0000, rcel ID: 24-16-204-051-0000 &	24-16-204-052-0000			C) Fico	
15, N	ame and address of a RECORD OWNER of a (if Debtor does not have a record interest):	bove-described real estate					
			17. Check only if applicable and			<u> </u>	
			Debtor is a Trust or Trust		o property	held in trust or	Decedent's Estate
			18. Check <u>only</u> if applicable and Debtor is a TRANSMITTING				
			Filed in connection with a M		action e	effective 30 years	
			Filed in connection with a Pt				