UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Post Closing (321) 452-0011 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Fidelity Bank of Florida, N. A. 1380 N. Courtenay Parkway Merritt Island, FL 32953

Doc#: 0826605118 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 09/22/2008 11:59 AM Pg: 1 of 3

	THE ABOVE	SPACE IS FU	OR FILING OFFICE US	SE UNLY		
1. DEBTOR'S EXACT FULL LEG'L NAME - insert only one debtor name (1a	a or 1b) - do not abbreviate or combine names					
1a. ORGANIZATION'S NAME						
JND INVESTMENT CROUP, LLC						
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
10500 SW HWY, UNIT B	CHICAGO RIDGE	IL	60415	USA		
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANITATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	1g. ORGANIZATIONAL ID #, if any			
ORGANIZATION LLC	IL IL	I No				
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only our	ue tor name (2a or 2b) - do not abbreviate or com	bine names				
2a. ORGANIZATION'S NAME	74					
OR 2b. INDIVIDUAL'S LAST NAME	FIRS NAML	MIDDLE NAME S		SUFFIX		
PATEL	BHAKATKUMAR	M.				
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
3886 W 117TH ST.	HAWTHOR VE	CA	90250			
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF CRG INIZATION 2g. ORGANIZATIONAL ID #, if any			I		
ORGANIZATION INDIVIDUAL		1		NONE		
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party name (Ca or	3b)				
3a. ORGANIZATION'S NAME		4.				
FIDELITY BANK OF FLORIDA, N.A.		\mathcal{C}				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX		
		0,				
3c. MAILING ADDRESS	CITY	STATE	PO TAL CODE	COUNTRY		
1380 N. COURTENAY PARKWAY	MERRITT ISLAND	FL	³ 2053	USA		

4. This FINANCING STATEMENT covers the following collateral:

Blanket lien on All Fixtures and Equipment; 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 (including insurance, general intangibles and accounts proceeds). The location at which all or part of the above described collateral was originally located is described as 384 W. 159th St., Harvey, IL 60426, said property more particularly described in Exhibit "A" attached hereto.

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR Debtor 2 All Debtors

8. OPTIONAL FILER REFERENCE DATA



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UNOFFICIAL COPY

UCC FINANCING STATEMEN						
FOLLOW INSTRUCTIONS (front and back) CAR			ł			
NAME OF FIRST DEBTOR (1a or 1b) ON F ORGANIZATION'S NAME	RELATED FINANCING STAT	EMENT				
JND INVESTMENT GRO	UP LLC					
OR L	FIRST NAME	MIDDLE NAME OUTSIN]			
90. INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:			1			
					S FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL	GA NAME - insert only one n	ame (11a or 11b) - do not abbre	viate or combine name	s		
11a. ORĜANIZATION'S NAME						
OR						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	0,	CITY		STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L INFO RE 11e ORGANIZATION DEBTOR	e. TYPE OF ORGANIZATION	J.F.JURISDICTION OF ORGA	NIZATION	11g. ORG	ANIZATIONAL ID #, if a	_
40 17	or ASSIGNOR S/P'S	NAME - insert only one name	e (12a or 12b)			NONE
Jan Storman Trotto IV, IIII						
OR 12b, INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	IANG	Louisen
		FIRST NAME		MIDDLE	AVIAIC	SUFFIX
12c. MAILING ADDRESS		CITY		STATE	Inoctal coops	COUNTRY
			()	SINIE	POSTAL CODE	COUNTRY
 13. This FINANCING STATEMENT covers collateral, or is filed as a limited fixture filling. 14. Description of real estate: Exhibit "A" 	to be cut or as-extracted	16. Additional collateral descr	iption:	Š (
15. Name and address of a RECORD OWNER of above (if Debtor does not have a record interest):		17. Check only if applicable an Debtor is a Trust or Table and Trust or Table and Debtor is a TRANSMITTING Filed in connection with a Market and Table and T	rustee acting with resp nd check <u>only</u> one box. 3 UTILITY	ect to pro	perty held in trust or	Decedent's Estate

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STREET ADDRESS: 384 W 159TH STREET CIAL COPY

CITY: HARVEY COUNTY: COOK

TAX NUMBER: 29-21-101-040-0000

LEGAL DESCRIPTION:

LOTS 1, 2, 3, 4, 5 AND 6 (EXCEPT THE NORTH 10 FEET THEREOF OF SAID LOTS) IN BLOCK 7 IN PERCY WILSON'S FIRST ADDITION TO HARVEY HIGHLANDS, A SUBDIVISION OF (EXCEPT SOUTH 10 ACRES) AND (EXCEPT SOUTH 70 FEET OF THE NORTH 103 FEET OF SOUTH 10 ACRES OF THE NORTH 30 ACRES) OF THE WEST 1/2 OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 21, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of County Clark's Office

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