	<u>U</u> N(JH	-ICIA	L CO		IIIII AHAR Milli dada dina araw ilion dan	1111
					Doc#	0835103019 Fe	.a. 040.05
UCC FINANCING STATEMENT AMENDMENT					⊏ugene ~	Gene" Moore RHSF inty Recorder of De	P Fee:\$10.00
FOLLOW INSTRUCTIONS (front			TENT		Date: 12/1	16/2008 09:39 AM	eds Pg: 1 of 1
A. NAME & PHONE OF CONTA Anita Harney, 734-459-		ai]					
B. SEND ACKNOWLEDGMENT	TO: (Name and Addr	ress)					
.							
National City I	Bank Loans 50-RF32-	.R7					
535 S Main St	reet	.07					
Plymouth MI	48170		, ,				
1a. INITIAL FINANCING STATEMENT FI				THE ABO		FOR FILING OFFICE	
MMTC RESIDENTIAL I,		nt #07141	33220)		[□ to	S FINANCING STATEMENT be filed [for record] (or record) AL ESTATE RECORDS.	
2. TERMINATION: Effectiveness	of the Financing Suitement i	identified above	e is terminated with respec	t to security interest(s) of th			n Statement.
CONTINUATION: Effectiveness continued for the additional period	of the Financing Statement						
4. ASSIGNMENT (full or partial): G		r. 7a or 7h and	address of assignee in ite	rn 7c; and also give name o	of assignor in ite	m 9.	
5. AMENDMENT (PARTY INFORMATION	ON): This Amendment affect	ts Debtor	or Secured Party of re	ecord. Check only one of th			
Also check one of the following three both CHANGE name and/or address: name (if name change) in item 7a	Give current record name in	in item 6a or 6h	r also live new D	ELETE name: Give record r	name to	ADD name: Complete item	7a or 7b, and also item
6. CURRENT RECORD INFORMAT		(IT address char	ngo; in ram /c, be	deleted in item 6a or 6b.		7c; also complete items 7d-	7g (if applicable)
6a ORGANIZATION'S NAME						17744	
R 66. INDIVIDUAL'S LAST NAME			FIRST NAME	/_	MIDDLE N	AME	SUFFIX
7. CHANGED (NEW) OR ADDED IN	FORMATION:			7			
R 75. INDIVIDUAL'S LAST NAME			- FIDOTAL				
MAILING ADDOCOG			FIRST NAME	<u> </u>	MIDDLE N	AME	SUFFIX
			CITY		STATE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFI ORGANIZA DEBTOR	ORE 7e. TYPE OF ORO	GANIZATION	7f. JURISDICTION OF	ORGANIZATION	7g. ORGAI	NIZATIONAL ID #, if any	
B. AMENDMENT (COLLATERAL CH	ANGE): check only one to	DOX.			- (NONE
Describe collateral odeleted or services collateral odeleted or o	idded, or give entire rea	estated collatera	al description, or describe o	collateral assigned.		I's	
DESCRIPTION: UNIT #208		E OAK I	AMAI TOMAN C	NTER REACH		· Co	
YOUR THE TELL DELING A RE	:อบอมเขเรเบท เ	UFPARI	IOFBIOCKEI		AND DAD	37 AF BL A ALC 4	
MINNICK'S OAK LAWN I THIRD PRINCIPAL MERI	NIDENUKIHN	VES1 7/4	OF SECTION 9	, TOWNSHIP 3	7 NORTH	, RANGE 13, EA	ST OF THE
P.I.N.: 24-09-107-016-000 Ladress: 9530 S.	1 0, 24-09-107-01 Cook (wenut	7-0000,	24-09-107-032-(000, 24-09-107-	-033-0000	•	
NAME OF SECURED PARTY OF I	RECORD AUTHORIZIN	IG THIS AME	ENDMENT (name of ass	innor if this is an Assign	ment). If this is	an Amendment suths	d by a Dobton which
9a. ORGANIZATION'S NAME	Debici, of II this is a Ten	mination author	orized by a Debtor, chec	k here and enter nar	ne of DEBTOR	authorizing this Amendm	ent.
National City Bank, a	a National Bank	ing Asso	ociation		1.2		
			THE PARTY OF TAMES		MIDDLE NA	ME	SUFFIX
OPTIONAL FILER REFERENCE D	DATA						'

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)