

UNOFFICIAL CO

Doc#: 0835103028 Fee: \$40.25 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 12/16/2008 09:41 AM Pg: 1 of 1

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Anita Harney, 734-459-8825

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

National City Bank Construction Loans 50-RF32-B7 535 S Main Street Plymouth, NI 48170

	т	HE ABOVE SPACE IS FOR FILING OFFIC	CE USE ONLY				
MMTC RESIDENTIAL I, LLC (Document #0714		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS					
2. TERMINATION: Effectiveness of the Financing contement identified abo	ove is terminated with respect to security interes						
3. CONTINUATION: Effectiveness of the Financia Statement identified at							
and additional ported provided by applicable aw.			nentis				
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or To are	nd address of assignee in item 7c; and also gi	ve name of assignor in item 9.					
 AMENDMENT (PARTY INFORMATION): This Amendment affects Debter Also check one of the following three boxes and provide appropriate information 	or Secured Party of record. Check only	one of these two boxes.					
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address ch	Sh also dive now DELETE O		em 7a or 7b, and also item 7d-7g (if applicable)				
6. CURRENT RECORD INFORMATION: 6a ORGANIZATION'S NAME							
OR							
OR 66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX				
7. CHANGED (NEW) OR ADDED INFORMATION: 7a ORGANIZATION'S NAME							
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX				
7c MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY				
7d. TAX ID#. SSN OR FIN ADDILINFORE 7a TYPE OF OPCANIZATION			USA				
7d. TAX ID #: SSN OR EIN OPEN OPEN OPEN OPEN OPEN OPEN OPEN OPE	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any					
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			NONE				
Describe collateral Adeleted or added, or give entire restated collate	eral description, or describe collateral ass	igned.					
PARTIAL RELEASE							
DESCRIPTION: UNIT #203 ONLY, LOT 2 OF OAK I	I AWN TOWN CENTED DE	COPDED AS DOCUMENTAL					
AAAA II IITI DENAG A RESUDDIVISION DE PAR	THE REDCK ROEDAKE	AMAIN AND DADT OF BLOOK					
MINITION O CAN LATTE IN THE NURTHWEST 1/4 OF SECTION 9 TOWNSHID 37 MODTH DANCE 43 EACT OF THE							
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS							
P.I.N.: 24-09-107-016-0000, 24-09-107-017-0000	24-09-107-032-0000-24-0	0.407.022.0000					

V32-VVVV, 24-V9-107-033**-**0000 address: 9530 S Cook avenue

aloness:	9530	<u>S Cook</u>	avenue	Oak	lawn	IL	60453		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which									
adds collateral or 9a. ORGANIZAT		rizing Debtor, c	or if this is a Termin	ation authori	zed by a Debtor	check he	ere and enter i	name of DEBTOR authorizing this Amendment.	
		ık, a Natio	onal Bankin	g Assoc	iation				

9b. INDIVIDUAL'S LAST NAME FIRST NAME

MIDDLE NAME DOMEST PART

10. OPTIONAL FILER REFERENCE DATA

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



SUFFIX