

## UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMI FOLLOW INSTRUCTIONS (front and back) CAREFULLY	ENT	Doc#:	0835103103 Fee: \$ "Gene" Moore RHSP Fee	\$40.25 =:\$10.00
A. NAME & PHONE OF CONTACT AT FILER [optional]  Anita Harney, 734-459-8825  B. SEND ACKNOWLEDGMENT TO: (Name and Address)		Cook C	ounty Recorder of Deeds 2/16/2008 10:02 AM Pg:	
National City Bank Construction Loans 50-RF32-B7 535 S Main Street Plymouth MI 48170		THE ABOVE	SPACE IS FOR FILING OFFIC	E USE ONLY
MMTC RESIDENTIAL I, LLC (Document #071413	33220)		1b. This FINANCING STATEME to be filed [for record] (or record) REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.				
3. CONTINUATION: Effectiveness of the Financing statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable 1 w.				
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or Thand address of assignee in item 7c; and also give name of assignor in item 9.				
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in terms 6 and/or 7.  CHANGE name and/or address. Give current record name in item 6a or 6b; also givenew name (if name change) in item 7a or 7b and/or new address (if address change) in item 7a.  Debtor or D				
6. CURRENT RECORD INFORMATION:  6a ORGANIZATION'S NAME				
OR 66 INDIVIDUAL'S LAST NAME	FIRST NAME	/_	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: ,7a ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	-C/	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	Q,	STATE POSTAL CODE	COUNTRY
7d TAX ID #: SSN OR EIN ADDL INFORE ORGANIZATION DEBTOR PER ORGANIZATION DEBTOR	7f. JURISDICTION OF	ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	USA
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral description, or describe collateral assigned.  PARTIAL RELEASE				
DESCRIPTION: UNIT #409 ONLY, LOT 2 OF OAK LAWN TOWN CENTER RECORDED AS DOCUMENT NUMBER 0630717112, BEING A RESUBDIVISION OF PART OF BLOCK 6 OF OAK LAWN AND PART OF BLOCK 1 OF MINNICK'S OAK LAWN IN THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 37 NORTH, RANGE 13, EAST 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, 24-09-107-033-0000  Qddress: 9530 S COOK Quenue Day 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 adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  National City Bank, a National Banking Association				
OR 95. INDIVIDUAL'S LAST NAME	FIRST NAME	' AHATAHFAI	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA	UUNLA		3 RECUEUL	

ZH