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UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS (front and back) CAREFULLY	NT)11 191 9001 11 191 9001	II
A. NAME & PHONE OF CONTACT AT FILER [optional]	3) 662-4141	Eugene "Ge	911919001 Fe ene" Moore RHSP ty Recorder of Dec	Fee:\$10.00
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 16001 COMM	UNITY REIN	Date: 04/29	/2009 10:20 AM 1	Pg: 1 of 2
CT Lien Solutions 184128 P.O. Box 29071	75			
Glendale, CA 91209-9071 ILIL FIXTUR	kE			
	긕	THE ABOVE	SPACE IS FOR FILING	OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 0836433139 12/20/08 CC IL Cook+			1b. This FINANCING S to be filed [for recor REAL ESTATE REC	TATEMENT AMENDMENT is d] (or recorded) in the CORDS.
2. TERMINATION: Effectiveness of (1e 5) lancing Statement identified above		·		
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to the sec	urity interest(s) of the Secured	Party authorizing this Cor	ntinuation Statement is
4. X ASSIGNMENT (FULL or partial): Give name of assignee in item 7a c				item 9.
5. AMENDMENT (PARTY INFORMATION): This Amendmen' affects Deb Also check one of the following three boxes and provide app upria a infor CHANGE name and/or address: Give current record name in item 3a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address _nar ge)	mation in items 6 and give new	arty of record. Check only <u>one</u> for 7. ETE name: Give record name e deleted in item 6a or 6b.	ADD name: Con	nplete item 7a or 7b. and also nplete items 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				
•	τ_{\wedge}			
GB. INDIVIDUAL'S LAST NAME	FIRS T NAME	N	NDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	9			
7a. ORGANIZATION'S NAME BUSINESS LOAN CONDUIT NO. 2, LLC_				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	N	NDDLE NAME	SUFFIX
7c. MAILING ADDRESS 801 NICOLLET MALL SUITE 1700W 7d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION ORGANIZA	MINNEAPO	DLIS 🏨	TATE POSTAL COD J.N. 55402 ORGANIZATIONAL ID	,
DEBTOR				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collate PIN: 17-17-229-013-0000, 17-17-229-014-0000, 17-17-229	<u>=</u>	cribe collateral Xassigned. 17-229-016-000 and	17-17-229-550 (0000

9. N	AME OF SECURED PARTY OF RECORD AUTHORI adds collateral or adds the authorizing Debtor, or if this is a Te 9a. ORGANIZATION'S NAME SOMERCOR 504, INC.	ZING THIS AMENDMENT (name of assignor, if this is ermination authorized by a Debtor, check here and en	an Assignment). If this is an Amendment author ter name of DEBTOR authorizing this Amendme	rized by a Debtor which int.
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	l suffix

2)

Prepared by CT Lien Solutions, P.O. Box 2907 Glandala, CA 91209-9071 Tel (800) 331-3287

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LEGAL DESCRIPTION:

LOTS 5, 6, 7, 8, 9 AND LOT 10 (EXCEPT THE WEST 4 FEET OF SAID LOT 10), BOTH INCLUSIVE, IN C. J. HULL'S SUBDIVISION OF BLOCK 27 IN CANAL TRUSTEES SUBDIVISION OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 17, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

17-17-229-013-0000

17-17-229-014-0000 17-17-229-015-0000 17-17-229-016-0000 17-17-229-050-0000

1121-1125 W. Van Buren Street Common COOK COUNTY CLOTHS OFFICE

Address: Chicago Illinois