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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 6	662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	5028 SUBURBAN BANK 8
CT Lien Solutions	19988191
P.O. Box 29071 Glendale, CA 91200-9071	ILIL FIXTURE

Doc#: 0924519061 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 09/02/2009 01:35 PM Pg: 1 of 3

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	EBTOR'S EXACT FULL 1a. ORGANIZATION'S NA		ISOT OTHY OTHE GOODS FORTIO	, , , , , , , , , , , , , , , , , , , ,			
	18. URGANIZATION'S NA	CHAUMB	BBGLLC				
HERITAGE SCHAUMBURG LLC			FIRST NAME	MIDDLE	NAME	SUFFIX	
OR	1b. INDIVIDUAL'S LAST N	∤AM E		LIK21 MANAGE	-		
					STATE	POSTAL CODE	COUNTRY
 1c M	IAII ING ADDRESS		TE 404	OAK PARK	IL SIATE	60301	USA
10	11 LAKE STF	REET, SUI	IE 404		1 -	l	
	EE INSTRUCTIONS		1e. TYPE OF ORGANIZATION	11. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID#, if any	гЭ
10. <u>5</u>	EE IIIO I ROOTIONO	ORGANIZATION	LLC	L L	טוט ן	88811-L	NONE
	·	DEBTOR		dent seems (2a or 2b) - do not abbreviate	or combine r	names	<u> </u>
2. A	DDITIONAL DEBTOR	S EXACT FULL L	EGAL NAME - insert only one	deptame (2a or 2b) - do not abbreviate			
	2a. ORGANIZATION'S N.			` ()			
OR 2b. INDIVIDUAL'S LAST NAME			MIDDLE NAME		SUFFIX		
		FIRST NAME	MIDDLE	MIDDEL WATE			
				96		DOCTAL CODE	COUNTRY
20 1	MAILING ADDRESS	 		CITY	STATE	POSTAL CODE	000141111
2G. P	MAILING ADDITION						
		A DOM INTO DE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. OR	GANIZATIONAL ID#, if any	P===1
2d.	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	}		·		NON
				War a (II)	a ne (3a or 3	b)	
3. 8	SECURED PARTY'S N	AME (or NAME of	f TOTAL ASSIGNEE of ASSIG	NOR S/P) - insert only one secured part	a ne (sa or o		
	A ODCANIZATION'S N	IAME			1/		
	SUBURBAN	I RANK &	IKUSI		- 	FALABAC	SUFFIX
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	וארסוא	= NAME	33
	Ju. Medialecare a la la la			·		(_)	DOUBLES!
	1			CITY	STATE		USA
30 4 I	MAILING ADDRESS 50 BUTTERF	IFI D ROA	VD.	ELMHURST	IL	60126	00/
- 13	ואווטסטנ		1				

4. This FINANCING STATEMENT covers the following collateral:

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

All Fixtures; 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)
Real Property located at 1400 N. MEACHAM ROAD, SCHAUMBURG, IL 60173. Real Property Tax Identification number is 07-12-300-033-0000.

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·		SELLERBUYER AG, LIEN NON-UCC FILING	'n
ALTERNATIVE DESIGNATION IN SPENSE	LESSEE/LESSOR CONSIGNEE/CONSI	SIGNOR BAILEE/BAILOR SELLER/BUTER AC. CLET MOTOGO Name of the REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2	M
5. [X] This FINANCING STATEMENT is to be filed	[if applicable] [AC	DDITIONAL FEET (ootional)	1
3. OPTIONAL FILER REFERENCE DATA	14842	HERITAGE SCHAUMBURG LLC	1

Prepared by UCC Direct Services, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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IAME OF FIRST DEBTOR (1a or 1b) ON F	AREFULLY RELATED FINANCING STATEM	ENT			
9a. ORGANIZATION'S NAME		ļ			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
MISCELLANEOUS					
988191-IL-31					
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28 SUBURBAN BANK &		Ì			
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	CE SCHAUMBUR(1484)		HE ABOVE SPACE IS FO		UNL1
. ADDITIONAL DEBTOR'S EXACT FULL	LEGAL NA' IE - insert only one r	name (11a or 11b) - do not abbrev	iate or combine name	<u>s</u>	
11a. ORGANIZATION'S NAME					
3	<i></i>	FIRST NAME	MIDDLE	NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME				POSTAL CODE	COUNTRY
1c. MAILING ADDRESS		CITY	STATE	POSTAL GODE	
(C. MUNICIPALITY)		12 · IURISDICTION OF ORGANIZA	TION 11g. O	RGANIZATIONAL ID#,	if any
1d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	, Lightshorten et et e			NONE
	s or ASSIGNOR S/P's I	NAME - insert only one name (12a	or 12b)		
2. ADDITIONAL SECURED PARTY	<u> </u>				_
		FIRST NAME	MIDDL	E NAME	SUFFIX
DR 12b. INDIVIDUAL'S LAST NAME					COUNTRY
		CITY	STATI	E POSTAL CODE	COONTRI
12c. MAILING ADDRESS		· ·			
	timber to be cut or as-extracted	16. Additional collateral description	ın:		
13. This FINANCING STATEMENT covers collateral or is filed as a X fixture filling.			Ti		
Collates at Or 13 mag as a [X]			0.		
14. Description of real estate:					
Description: PARCEL 1: LOT 2 RESUBDIVISION OF PART OF	LOTS 3, 4 AND 5 IN				
				, C)	
SUBDIVISION OF PART OF THE	12 TOWNSHIP 41			C	
NORTH, RANGE 10, EAST OF	CEROM THAT PART OF	:			
MERIDIAN, (EXCEPTING THEF LOT 2, DESCRIBED AS FOLLO	WS: BEGINNING AT THE	IE IE			
SOUTHEAST CORNER OF LO	E SOUTH 87 DEGREES.	. 1			
ON AN ASSUMED BEARING OF 39 MINUTES, 53 SECONDS W	EST ALONG SOUTH LIN	E			
OF LOT 2 AFORESAID, A DIS	2 OO MINISTE 33				
THENCE NORTH 44 DEGREES SECONDS EAST, A DISTANCE EAST LINE OF LOT 2 AFORES	E OF 36.18 FEET TO THI SAID: THENCE SOUTH 0	ō			
15. Name and address of a RECORD OWNER	of above-described real estate				
15. Name and address of a RECORD OWNER (if Debtor does not have a record interes)	t):				
		17. Check only if applicable and Debtor is a Trust or Tr	d check <u>only</u> one box. Listee acting with respect t	to property held in trust	or Decedent's Estate
		18. Check only if applicable an			
		TO TO TO TO THE TOTAL SMITTING	IC UTILITY		
		Filed in connection with a	Manufactured-Home Tran	saction effective 30 ye	ears
		Filed in connection with a	Public-Finance Transaction	on — effective 30 vears	C-Direct Services, Inc., P.O.

0924519061 Page: 3 of 3

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INANCING STATEMEN DLLOW INSTRUCTIONS (front and back	T ADDENDUM					
NAME OF FIRST DEBTOR (1a or 1b) O	N RELATED FINANCING STATEME	ENT				
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
MISCELLANEOUS						
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A						
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le with: CC IL Cook+, IL HER	TACE SCHAUMBUR(14842	2	THE ABOVE SPACE	CE IS FOR	FILING OFFICE USE	ONLY
. ADDITIONAL DEBTOR'S EXACT FU	LL LEGAL N/.ME - insert only one n	ame (11a or 11b) - do no	t abbreviate or combine	e names		
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME		MIDDLE	IAME	SUFFIX
116. INDIVIDUALS DAST NAME	$\mathbb{C}_{\mathbb{C}}$			STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS	0,	CITY	i	SIAIE	F031AE 000E	
1d. <u>SEE INSTRUCTION</u> ADD'L INFO F		JURISDICTION OF OF	RGANIZATION	11g. OR	GANIZATIONAL ID #, i	f any NONE
DEBTOR			(420 or 42b)			
ADDITIONAL SECURED PART 12a ORGANIZATION'S NAME	Y'S or ASSIGNOR S/P's N	AME - inser only o <u>ne</u> nar	me (12a or 120)			
R 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	1	MIDDLE	NAME	SUFFIX
725. 115(1)50, 22 5 2 2		•		STATE	IPOSTAL CODE	COUNTRY
2c. MAILING ADDRESS		CITY				
	timber to be cut or as-extracted	16. Additional collateral d	description:			
13. This FINANCING STATEMENT covers collateral or is filed as a fixture filir		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	.0		
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14. Description of real estate:	- CONDONAISCE A					
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BEGINNING), IN COOK COUN EASEMENT FOR INGRESS A	4 I Y 11 I I I I I I I I I I I I I I I I	\mathbf{G}^{\mid}			C	
FAR THE DENIETT OF PARC	HI I AS SELEVATION				C	
EASEMENT AGREEMENT RE	(II I INOIS PARCEL 3:		•			
BENEFIT OF PARCEL 1, AS AGREEMENT RECORDED A	2 DOMONIA NO MONDER					
88479426, IN COOK COUNT	ROAD SCHAUMBURG IL					
60173. Real Property Tax Ide	ntification number is el ID: 07-12-300-033-0000					
07-12-300-033-0000. Parc	C, 15, 0, 12 000 000					
15. Name and address of a RECORD OWNI (if Debtor does not have a record inter-						
(if Debtor does not have a record inter-	ER of above-described real estate est):					
(if Debtor does not have a record line)	ER of above-described real estate est):	17. Check <u>only</u> if applic	able and check only one bo	ox. espect to p	roperty held in trust	or Decedent's Estat
(if Debtor does not have a record line)	ER of above-described real estate est).	Debtor is a Trust or	r Trustee acting with re	espect to p	roperty held in trust	or Decedent's Estat
(if Debtor does not have a record line)	ER of above-described real estate est).	Debtor is a Trust of 18. Check only if applic	Trustee acting with recable and check only one b	espect to p	roperty held in trust	or Decedent's Estat
(if Debtor does not have a record line)	ER of above-described real estate est).	Debtor is a Trust of 18. Check only if applic Debtor is a TRANS Filed in connection	r Trustee acting with re	ox.	tion effective 30 yea	