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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Ira Fierstein - 312 460-5614 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Ira Fierstein Seyfarth Shaw LLP 131 South Dearborn Street Suite 2400 Chicago, IL 60603

Doc#: 1002734052 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 01/27/2010 11:35 AM Pg: 1 of 2

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	THE ABOVE ST	ACE IOT CITY IEITO CT. TOE CO.	
1. DEBTOR'S EXACT FULL LEGAL N JULY - insert only one debtor name (1a or 1	b) - do not abbreviate or combine names		
1a, ORGANIZATION'S NAME			
OR 15. INDIVIDUAL SLAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	CITY	STATE POSTAL CODE	COUNTRY
100 WEST HIGGINS ROAD, SUITE J-30	SOUTH BARRINGTON	IL 60010	USA
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION	11. JURISDICTION OF ORGANIZATION	1g, ORGANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR LLC	ILLINOIS	IL 00589543	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	ebto name (2a or 2b) - do not abbreviate or combine	names	
2a. ORGANIZATION'S NAME	T		
OR 28, INDIVIDUAL'S LAST NAME	FIRST I AME	MIDDLE NAME	SUFFIX
		STATE TPOSTAL CODE	COUNTRY
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COOKIKI
24 SEFINSTRUCTIONS ADD'L INFO RE 28. TYPE OF ORGANIZATION	2f, JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if any	·
2d. SEE INSTRUCTIONS ADDIL INFO RE 2e. TYPE OF ORGANIZATION DEBTOR			NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P)-insert only <u>one</u> secured party name (3a +3b)		
3a. ORGANIZATION'S NAME			
ARBORETUM OF SOUTH BARRINGTO	N, LLC		SUFFIX
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	TODLE NAME	SOFFIX
		STALE POSTAL CODE	COUNTRY
3c. MAILING ADDRESS	CITY		
100 WEST HIGGINS ROAD, SUITE H-72	SOUTH BARRINGTON	IL 50010	USA

4. This FINANCING STATEMENT covers the following collateral:

Debtor grants to Secured Party a lien on and security interest in the property of Debtor now or later placed in or upon those certain premises so sisting of approximately 6,836 square feet and commonly known as 100 West Higgins Road, Suite J-30, South Barrington, Illinois 60010. See Added dum exached hereto and made a part hereof.



The state of the s	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEF/LESSOR 6. This FINANCING STATEMENT is to be filed [for record] (or recorder) in the REAL 7, Check to REC	UEST SEARCH REPOR	RT(S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
VIESTATE RECORDS. Addendum	[if applicable] [ADDITIONAL	FEEL	ODIIOHAII	<u> </u>	
8. OPTIONAL FILER REFERENCE DATA					
File with Cook County Recorder of Deeds.					

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CC FINANCING STATEN	MENT ADDENDUM					
NAME OF FIRST DEBTOR (1a or 1b	ON RELATED FINANCING STATE	MENT				
9a, ORGANIZATION'S NAME						
VATAPLE, LLC						
9b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
MISCELLANEOUS:	<u> </u>					
Dog Contraction		·				
	C/A			PACE I	S FOR FILING OFFIC	E USE ONLY
. ADDITIONAL DEBTOR'S EXACT F	FULL LEGAL NAME - insert only one na	me (11a or 11b) - do not abbrevi	ate or combine names			
11a. ORGANIZATION'S NAME						
	<u> </u>	FIRST NAME		VIDÓLE N	NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME						
c. MAILING ADDRESS	0,	спу		STATE	POSTAL CODE	COUNTRY
1. SEE INSTRUCTIONS ADD'L INFO ORGANIZATI		I JURISDICTION OF ORGAN	NIZATION	11g, ORG	BANIZATIONAL ID#, if a	ny 🗀
DEBTOR		<u> </u>				
. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P'S	NAME insert only one name	(12a or 12b)			
12a, ORGANIZATION'S NAME						
		FIRST NAME	7	MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST WANT	,			
		CITY		STATE	POSTAL CODE	COUNTR
2c. MAILING ADDRESS						
OTLITCHTNIT ANYON	timber to be cut or as-extracted	16. Additional collateral descri	ription:			
3. This FINANCING STATEMENT covers			ription:			
collateral, or is filed as a fixture filing. 4. Description of real estate:	·9·			7		
Legal Description:				7,0		
-				0		
LOTS 1, 3, 4 AND 5 IN ARBOY	RETUM OF SOUTH				U _x	
DADDINGTON BEING A SUB	SDIAIDION OF LYRID OF				Office	
THE NORTHEAST QUARTER QUARTER OF SECTION 33, T	OWNSHIP 42 NORTH.				10	
RANGE 9 EAST OF THE THIR	D PRINCIPAL MERIDIAN,				Cio	
ACCODING TO THE PLAT	LHEKFOL KECOKDED JOET				C	/
30, 2007 AS DOCUMENT 0721	1115094 IN COOK COUNTY,				•	
ILLINOIS.						
PIN: 01-33-200-015						
FIN. 01-55-200-015						
 Name and address of a RECORD OWN (if Debtor does not have a record interes) 	NER of above-described real estate st):					
Arboretum of South Barrington,						
100 West Higgins Road, Suite I	H-72	17. Check only if applicable	and check only one bo	х,		_
South Barrington, IL 60010		Debtor is a Trust or	Trustee acting with re	espect to	property held in trust	or Decedent's
		18. Check only if applicable	and check only one bo	X,		
•		Debtor is a TRANSMITT	ING UTILITY			
		Filed in connection with	a Manufactured-Home	Transact	tion — effective 30 years	
			a Public-Finance Trans	tion	offective 30 years	