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ICC FINANCII	NG STATEMENT <b>AMEND</b>	MENT			
	DNS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER (optional)			Doc#: 1009831152 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Documents		
	N SERVICE COMPANY 1-800-8	58-5294	Eugene "G	ene" Moore RHSP 50	38.00
. SEND ACKNOWLE	OGMENT TO: (Name and Address)		Date: 04/2-	ty Recorder of Deeds	9:\$10.00
48235371 - 3	36190	7	Date: 04/08	V2010 04:19 PM Pg:	1 of 2
PREPA	RED BY:	1			
	RATION SERVICE COM	PANV			
	LAI STEVENSON DRIVE				
	GUELD, IL 62703-4261		* ==		
L	Fil	ed In: Illinois Cook		The second of th	er er ar g
			THE ABOVE S	PACE IS FOR FILING OFFI	CELISE ONLY
B. INITIAL FINANCING STATEMENT IL = #				1b. This FINANCING STA	
	27/2005			to be filed [for record]	(or recorded) in the
TERMINATION:	Effectiveness of the ring cine Statement identifie	d above is terminated with respect to	security interest(s) of the	e Secured Party authorizing this	Termination Statement
KI CON HINDA HON	Effectiveness of the Financing Statement identificational period provided by Spoilcable law.	tified above with respect to security i	interest(s) of the Secur	ed Party authorizing this Continu	lation Statement is
MENDMENT (DAR	Il or partial): Give name of assigne. in .te'7a o	r 7b and address of assignee in item 1	7c; and also give name	of assignor in item 9.	_
dso check one of the fol	TY INFORMATION): This Amendment aff ct lowing three boxes and provide appropriate in arm	Secured Party	of record. Check only	one of these two boxes.	
☐ CHANGE name and/c	raddress: Please refer to the detailed instructions	nation in items 6 and/or 7.  DELETE name: Give	Francis was -		
URRENT RECORD I	the name/address of a party.	to be deleted in item 6	a or 6b.	ADD name: Complete iten also complete items 7e-7g	n 7a or 7b, and also item 7 <u>(if applicable)</u> .
6a. ORGANIZATION'S	NAME				
DEBTOR:	C/S HARRISON COURTS LI	IMITED PARTNERSH	ПР		
6b. INDIVIDUAL'S LAS	TNAME	FIRST NAME		MIDDLE NAME	Louising
		0,		WIODEL NAME	SUFFIX
HANGED (NEW) OR	ADDED INFORMATION:				
7a. ORGANIZATION'S	NAME		<del>/                                    </del>		<del>-</del>
7b. INDIVIDUAL'S LAS			4		
76. INDIVIDUAL S LAS	INAME	FIRST NAME		MIDDLE NAME	SUFFIX
AILING ADDRESS					
MILING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
ALLING ADDRESS					USA
	ADD'L INFO RE TO TYPE OF ORGANIZAT	ION 75 (UDISDICTION OF OR	0.1112		
	ADD'L INFO RE 76. TYPE OF ORGANIZAT ORGANIZATION DEBTOR	TON 7f. JURISDICTION OF OR	RGANIZATION	g. OPPANIZATIONAL ID#,	if any
EEINSTRUCTIONS	ORGANIZATION DEBTOR	TON 7f. JURISDICTION OF OF	RGANIZATION	0,	if any
EEINSTRUCTIONS MENDMENT (COLL	ORGANIZATION			0,	if any
EEINSTRUCTIONS MENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.			g. OPPANIZATIONAL ID#,	if any
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EEINSTRUCTIONS  MENDMENT (COLL escribe collateral de	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.  eleted or added, or give entire restated	collateral description, or describe or	ollateral assigned.	Office Office	if any
MENDMENT (COLL escribe collateral de	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. eleted or added, or give entire restated	collateral description, or describe or	ollateral assigned.	nt). If this is an Amendment auth	ofized by a Debter which
MENDMENT (COLL escribe collateral de	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.  Pleted or added, or give entire restated  PARTY OF RECORD AUTHORIZING TH authorizing Debtor, or if this is a Termination authorizing Debtor.	collateral description, or describe or	ollateral assigned.	Office Office	ofized by a Debter which
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MENDMENT (COLL escribe collateral de  AME of SECURED ds collateral or adds the a. ORGANIZATION'S N	ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.  Pleted or added, or give entire restated  PARTY OF RECORD AUTHORIZING TH authorizing Debtor, or if this is a Termination authorizing Services. INC.	collateral description, or describe or	ollateral assigned.	nt). If this is an Amendment auth	ofized by a Debtor which

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1009831152 Page: 2 of 2

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	C FINANCII			ENT ADDENDUM
		G STATEMENT F 9/27/2005	FILE # (same as item 1a on Amer	ndment form)
	120. ORGANIZATION MIDLAND LO	N'S NAME	THIS AMENDMENT (seime as i CES, INC.	ilem 9 on Amendment form)
OR	12b. INDIVIDUAL'S L	AST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13.	Use this space for	additi anal informa	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

LEGAL DESCRIPTION: LOTS 25 FO 48 INCLUSIVE IN BLOCK 5 IN REEDS SUBDIVISION OF THE EAST THREE QUARTERS OF THE SOUTH QUARTER OF THE NORTHWES OF JUARTER OF SECTION 13, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

P.I.N 16-13-131-39

ADDRESS :2910, 2930 AND 2950 W. HARRISCN STREET, CHICAGO, ILLINOIS SHIP COUNTY CLOSES OFFICE

DEBTOR: C/S HARRISON COURTS LIMITED PARTNERSHIP