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| FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]  CORPORATION SERVICE COMPANY 1-800-858-5294   |  |   |                                    |                                      |  |  |
|--|--|---|------------------------------------|--------------------------------------|--|--|
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)  |  |   |                                    | Doc#: 1018922101 Fee: \$40.0         |  |  |
| · · · · · · · · · · · · · · · · · · ·  |  |   |                                    |                                      | Eugene "Gene" Moore  | RHSP Fee:\$10.                         |
| 51247136 - 361630  |  |   | Ĭ                                  |                                      | Cook County Records  | r of Deeds                             |
| PREPARED BY:   |  |   |                                    | Date: 07/08/2010 02:11 PM Pg: 1 of 3 |  |  |
|  |  | ERVICE COMPAN   | Y                                  |                                      |  |  |
|  |  | ENSON DRIVE   |                                    |                                      |  |  |
| SPRING   | SFIELD, IL   | 62703-4261 Filed In:  | Illinois Cook I                    |                                      |  |  |
| <u> </u>   | 6  | i nod iii.  | THE TOTAL COOK                     | <b></b>                              |  |  |
| a. INITIAL FINANCING ST  | TATEMENT ILE #                                       |   |                                    | THE ABOVE SP                         | ACE IS FOR FILING OFFICE<br>1b. This FINANCING STATE   |  |
|  | 2/27/2005  | ) .   |                                    |                                      | to be filed [for record] (o  | r recorded) in the                     |
| . TERMINATION:   | Effectiveness of the F                               | nancing Statement identified above  | is terminated with respect to sec  | urity interest(s) of the             | REAL ESTATE RECOR.  Secured Party authorizing this Te  | mination Statement                     |
|  | l. Effectiveness of the                              | e hina icing Statement identified abo<br>led by applicable law.   | ove with respect to security inter | rest(s) of the Secured               | Party authorizing this Continuat   | ion Statement is                       |
| ASSIGNMENT (fu   | ull or partial): Give na                             | ame of assign or 7b and   | address of assignee in item 7c;    | and also give name of                | assignor in item 9   | ······································ |
| AMENDMENT (PAR   | TY INFORMATION                                       | V): This Amendment ifects De  | ebtor or Secured Party of r        |                                      | ne of these two boxes.   |  |
| Also check one of the fol  | llowing three boxes ar                               | nd provide appropriate information in rothe detailed instructions   | items 6 and/or 7.                  |                                      | The state of the s |  |
| L. Integards to changing   | d the name/address of a                              | rto the detailed instructions<br>a party.   | DELETE name: Give reco             | ord narne<br>r 6b.                   | ADD name: Complete item 7 also complete items 7e-7g (if  | a or 7b, and also item 7c;             |
| CURRENT RECORD   |  |   | <b>/</b>                           |                                      |  | -pp.mediaj.                            |
|  | HERIDAN LI   | LC  |                                    |                                      |  |  |
| 6b. INDIVIDUAL'S LAS   | ST NAME  |   | FIRSTLANCE                         |                                      | MIDDLE NAME  | SUFFIX                                 |
|  |  |   |                                    |                                      |  |  |
| CHANGED (NEW) OR 7a. ORGANIZATION'S  |  | FION:   | <b>3</b> /0,                       | r                                    |  |  |
|  | IAVVAIC  |   |                                    |                                      |  |  |
| 7b. INDIVIDUAL'S LAS   | ST NAME  | <del></del>   | FIRST NAME                         |                                      | MIDDLE NAME  | SUFFIX                                 |
| 1  |  |   |                                    | 6/                                   |  | SUFFIX                                 |
|  |  |   | CITY                               | <del>(0</del>                        | STATE POSTAL CODE  | COUNTRY                                |
| MAILING ADDRESS  | <u> </u>   |   |                                    |                                      |  |  |
|  |  |   |                                    |                                      |  | 1                                      |
|  | ORGANIZATION   | 7e. TYPE OF ORGANIZATION  | 7f. JURISDICTION OF ORGA           | NIZATION                             | 7g. CRGANIZATIONAL ID#, if   | any                                    |
| SEE INSTRUCTIONS   | ORGANIZATION<br>DEBTOR                               | <u> </u>  | 7f. JURISDICTION OF ORGA           | NIZATION                             |  |  |
| SEEINSTRUCTIONS  AMENDMENT (COLL   | ORGANIZATION<br>DEBTOR<br>ATERAL CHANGE              | E): check only <u>one</u> box.  |                                    |                                      |  |  |
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51247136

DEBTOR: 6610 N. SHERIDAN LLC - GET IT #18683

10.0PTIONAL FILER REFERENCE DATA

1018922101 Page: 2 of 3

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| OLLOW INSTRUCTIONS (front and bar<br>1. INITIAL FINANCING STATEMENT F<br>0536119044 12/27/2005 |                           |                          |  |
|--|---------------------------|--------------------------|--|
| 2. NAME OF PARTY AUTHORIZING 1   | HIS AMENDMENT (same as it | lem 9 on Amendment form) |  |
| 125. ORGANIZATION'S NAME<br>PNC BANK, NATIONAL A   |                           |                          |  |
| 12b. INDIVIDUAL'S LAST NAME  |                           |                          |  |
| THE INDIVIDUAL S EAST NAME   | FIRST NAME                | MIDDLE NAME, SUFFIX      |  |
| Use this space for additional informa  |                           |                          |  |
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| EBTOR INFORMATION:   |                           | Ļ                        | THE ABOVE SPACE IS FOR FILING OFFICE USE O |
| 10 N. SHERIDAN LLC<br>24 W. NORTH AVENUE   | ) _                       |                          |  |
| HICAGO, IL 60647   | Cx.                       |                          |  |
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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#### EXHIBIT B

### LEGAL DESCRIPTIONS

#### PARCEL 1:

THE NORTH 100 FEET OF LOTS 1 TO 4 INCLUSIVE (TAKEN AS A TRACT) IN BLOCK 5 IN NORTH SHORE BOULEVARD SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4, (EXCEPT THE SOUTH 30 ACRES THEREOF) OF SECTION 32, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

## PARCEL 2:

LOTS 1, 2, 3 AND 4 FY BLOCK 5 (EXCEPT THE NORTH 100 FEET THEREOF TAKEN AS A TRACT) IN NORTH STICRE BOULEVARD SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4, (EXCLPT THE SOUTH 30 ACRES THEREOF) OF SECTION 32, TOWNSHIP 41 NORTH, RAN JE114, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Common address:

6610-28 North She idan Road, Chicago, Illinois Dunit Clorks Office

P.LN.:

11-32-313-027-0000

11-32-313-028-0000