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FOLL	C FINANCING STATEMENT OW INSTRUCTIONS (front and back) CAREFULLY		Doc#: 1105618061 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 02/25/2011 03:50 PM Pg: 1 of 3				
	NAME & PHONE OF CONTACT AT FILER [optional]						
B.	SEND ACKNOWLEDGMENT TO: (Name and Address  Troutman Sanders LLP	в)	7				
	600 Peachtree St., NE Suite 5200						
	Atlanta, GA 393)8		.				
	Attn: Matt Roberts		THE ABO	WE SDACE IS E	OR FILING OFFICE U	ISE ONI Y	
1.	DEBTOR'S EXACT FULL LEGAL NAME, insert only	one debtor name			OK FILING OFFICE O	SE ONE I	
`	18. ORGANIZATION'S NAME FADO CHICAGO, L.L.C.		-				
J OR	1b. INDIVIDUAL'S LAST NAME	FIF	RST NAME	MIDDLE NA	WE	SUFFIX	
<b>6</b> 2	MAILING ADDRESS 64 PEACHTREE ROAD, SUITE 600	A.	CITY ATLANTA		POSTAL CODE 30305	COUNTRY USA	
7	TAX I.D.#: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF O   COMMON OF THE PROPERTY		JURISDICTION OF ORGANIZATION  LINOIS	1g. ORGAN 0008778	BZATIONAL I.D.#, if any	None	
. "	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME	E – insert only on the	name (2a or 2b) do not abbrevi	ate or combine n	ames		
ر ا	28. ORGANIZATION'S NAME		7				
3	2b. INDIVIDUAL'S LAST NAME	FIRST	FIRST NAME		ME	SUFFIX	
	MAILING ADDRESS	Cri	Y	STATE	POSTAL CODE	COUNTRY	
1	TAX I.D.#: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF O ORGANIZATION   DEBTOR	RGANIZATION 11.	JURISDICTION OF OF JAYZATION	1g. ORGAN	IZATIONAL I.D.#, if any	None	
	SECURED PARTY'S NAME (or NAME of TOTAL ASSIG	NEE of ASSIGNOR S	/P) - insert only one secured partame	e (3a or 3b)			
Z	32. ORGANIZATION'S NAME  BRANCH BANKING AND T	RUST COMI	PANY				
	3b. INDIVIDUAL'S LAST NAME		FIRST NAME		ME	SUFFIX	
	MAILING ADDRESS	CITY	1		POSTAL CODE	COUNTRY	
	VO SEVENTY ONE 17 <sup>th</sup> STREET, STE his FINANCING STATEMENT covers the following collateral:	E 900   ATL.	ANTA	GA	30363	USA	
Th sp 60 Al Al de to	te Equipment, including all Accessions to ecifically described as follows: All furni 654; I Fixtures located or situated on the real I furniture, fixtures and equipment local scribed on Exhibit A attached hereto; the extent not listed above as original co	ture, fixtures in property spected at 100 Westlateral, all pr	and equipment located at cifically described on Exh st Grand Avenue, Chicag oceeds (cash and non-cas	: 100 West G iibit A attach o, Illinois 60	rand Averac Cl ned hereto; 654, which propo ucts of the forego	hicago, Illinois	
5. A	LTERNATIVE DESIGNATION [if applicable]:	SOR CONSIGNE				ON-UCC FILING	
6. 🖸			7.Check to REQUEST SEARCH RI [ADDITIONAL FEE]		orts)	Debtor 1 Debtor 2	
8. c FI	PTIONAL FILER REFERENCE DATA						

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UCC FINANCING S FOLLOW INSTRUCTIONS (f	ront and back) CAREFUL			_i			
9. NAME OF FIRST DESTO		D FINANCING STAT	EMENT				
FADO CHICA							
OR 96. INDIVIDUAL'S LAST NAM		AME	MIDDLE NAME, SUF	FIX			
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· WVPh.	INDUCE PRESCOUNT	<b>"</b>			
10. MISCELLANEOUS:	00000						
				THE ABOV	E SPACE	IS FOR FILING OFF	CE USE ONLY
11. ADDITIONAL DESTOR'S	EXACT FULL LEGAL N	AM : visert only one near	e (11a or 11b) - do not abb				
11a ORGANIZATION'S NAME		U)x					
OR 11b. INDIVIDUAL'S LAST NAM	IF		TRSY NAME				
			INST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS			मा		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN A	DI'L INFO RE 11s. TYPE O	FORGANIZATION 1	TI. JE VISDICTO YOF ORG	ANIZATION	11g. OR6	GANIZATIONAL ID #, If #	ny
	BTOR	1			i		Пио
12. ADDITIONAL SECUR	ED PARTY'S or	SSIGNOR S/P'S N	IAME -insert on / one har	ne (12a or 12b)			
TORGANIZATION'S MANE	i						
OR 125. INDIVIDUAL'S LAST NAM	IF		RSTNAME	<u></u>	1		
		jr'	KST NAME		MIDDLE	NAME	SUFFIX
12c, MAILING ADDRESS	····		пү		STATE	POSTAL CODE	COUNTRY
					7 .	1	
3. This FINANCING STATEMENT collateral, or is filed as a 4. Description of real estate.	covers simber to be cut lixture filling.	or as-extracted 16	3. Additional collateral desc	zip#on:	0	۷,	<u>-</u>
SEE EXHIBIT A	ATTACHED H	IERETO.				750m	c.
							6
Name and address of a RECORI     (if Debtor does not have a record	D OWNER of above-described interest!:	7 real estale					
i. Name and address of a RECORI (If Debtor does not have a record	D OWNER of above-described interest):	delice laco					
ii. Name and address of a RECORI (if Debtor does not have a record	D OWNER of above-described Interest):		Check goly if applicable an	ed check only one how	- T.		
i. Name and address of a RECORI (If Debtor does not have a record	D OWNER of above-described interest):	17. Deb	Check only if applicable and for is a Trust o	Trustee acting with res	pect to proj	perty held in trust or	Decedent's Estate
i. Name and address of a RECORI (If Debtor does not have a record	D OWNER of above-described Interest):	17. Det		rusiee acting with res	Pect to proj	perty held in trust or	Decedent's Estate
. Name and address of a RECORI (if Debtor does not have a record	D OWNER of above-described Interest):	17. Det	for is a Trust of Check only if applicable an	Prusiee acting with res d check			Decedent's Estate

FORM SHOULD BE TYPEWRITTEN OR COMPUTER GENERATED

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### **EXHIBIT A**

#### The Land

LOT 3 IN ASSESSOR'S DIVISION OF LOTS 1 TO 8, INCLUSIVE, IN BLOCK 14 IN WOLCOTT'S ADDITION TO CHICAGO, IN SECTION 9, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, SAID PREMISES BEING ALSO AS DOCHIC. DESCRIBED AS THE SOUTH 1/2 OF LOTS 1 AND 2 IN BLOCK 14 IN WOLCOTT'S ADDITION TO CHICAGO, IN COOK COUNTY, ILLINOIS.