## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

TOLLOW INOTROCTIONS (IION and back) OARL	- OLL 1
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 6	62-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	20406 CITIBANK COMME
CT Lien Solutions	27363843
P.O. Box 29071	
Glendale, CA 91209-9071	ILIL.
	FIXTURE

Doc#: 1106134000 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 03/02/2011 08:06 AM Pg: 1 of 3

File With: GC IL GOOK+, IL			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1. D			insert only o <u>ne</u> debtor name (1a	a or 1b) - do not ab	breviate or combine names			
<b></b>	BJS PROPE		9					
OR	1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	SUFFIX	
212 WEST UNIVERSITY DRIVE			ARLINGTON *		STATE POSTAL CODE 60004		COLINTRY	
1d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGA (IZATION LLC	1f. JURISDICTION	OF ORGANIZATION		ANIZATIONAL ID #, if any 30184	None
2. A	DDITIONAL DEBTOR	'S EXACT FULL L	EGAL NAME - insert only on and	ebtor name (2a or :	2b) - do not abbreviate or co	mbine na	mes	
	2a. ORGANIZATION'S	NAME					· · · · · · · · · · · · · · · · · · ·	
OR								
OIX	2b. INDIVIDUAL'S LAS	NAME		FIRST NAME		MIDDLE NAME		SUFFIX
2c. N	AILING ADDRESS			CITY	7%	STATE	POSTAL CODE	COUNTRY
	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION		OF CAGANIZATION		ANIZATIONAL ID #, if any	NONE
3. SI			TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only	one_secured arty name	(3a or 3b)		
	32 ORGANIZATION'S I					-/		
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME		N IC DLE	NAME	SUFFIX
3c MAII ING ADDRESS 3950 REGENT BLVD			IRVING		TX 75063		USA	

4. This FINANCING STATEMENT covers the following collateral:

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). Parcel ID: 03- 07-204- 012- 0000

CONSIGNEE/CONSIGNOR

IADDITIONAL FEE

[optional]

		S	D S W	M C Z	NT IX
CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FI	LING
7. Check to REC	UEST SEARCH REPO	RT(S) on Debtor(s)	All Dabtasa [	Dalvas d Dock	

[X] This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if apolicab] 8. OPTIONAL FILER REFERENCE DATA

27363843

5. ALTERNATIVE DESIGNATION [if applicable]

215564

23623 - CENTRALIZED DELINQUENCY MANAGED

LESSEE/LESSOR

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FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CA	ADDENDUM REFULLY					
9. NAME OF FIRST DEBTOR (1a or 1b) ON RI	ELATED FINANCING STATEM	ENT				
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS						
27363843-IL-31						
20406 CITIBANK COMMF.  File with: CC IL Cook+, IL Z2523 - (  11. ADDITIONAL DEBTOR'S EXACT FULL LE	CENTRALIZED DE21556				R FILING OFFICE USE	DNLY
BJS PROPERTIES LLC	77	, , , , , , , , , , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·	<del></del>
OR 11b. INDIVIDUAL'S LAST NAME	0,5	FIRST NAME	1	MIDDLE	SUFFIX	
11c. MAILING ADDRESS 212 WEST UNIVERSITY	DRIVE	CITY HEIGHTS	· 4	STATE POSTAL CODE		
	e, TYPE OF ORGANIZATION	1f. JURISDICTION OF ORG	ANIZATION		GANIZATIONAL ID#, if a	ny NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NAME - insert only one name (12a or 12b)  12a. ORGANIZATION'S NAME						
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFI.		SUFFIX	
12c. MAILING ADDRESS		CITY	C	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timbs collateral or is filed as a X fixture filing.	er to be cut or as-extracted	16. Additional collateral descri	ription:	,		
14. Description of real estate:			' (	9		
Description: LEGAL DESCRIPTION 07-204- 012- 0000	A. Parcel ID: 03-			C		
					6	
	^				et j	
		and the	<b>,</b>			
15. Name and address of a RECORD OWNER of abov (if Debtor does not have a record interest):	e-described real estate					
17. Check only if applicable and check only one box.  Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate					Decedent's Estate	
18. Check only if applicable and check only one box.					Scooner & Estate	
Debtor is a TRANSMITTING UTILITY						
Filed in connection with a Manufactured-Home Transaction  Filed in connection with a Public-Finance Transaction						

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## **UNOFFICIAL COPY**

## LEGAL DESCRIPTION

LOT 19 IN RESUBDIVISION OF LOT 1 IN ARLINGTON INDUSTRIAL AND RESEARCH CENTER UNIT NUMBER 2, BEING A RESUBDIVISION IN THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clark's Office