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UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]
LexisNexis BIS, LG (678)694-4811

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

LexisNexis BIS, LG Team

1000 Alderman Drive
Mail Drop BIS24
Alpharetta, GA 30005

Doc#: 1109634038 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 04/06/2011 10:17 AM Pg: 1 of 4

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | IIIEADOTE | OF VOL 10 1 O | 17 | E 4116 : |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------|--------------------------------------------------|-----------------------------------------|---------|----------|
| 1.DE | BTOR'S EXACTFU | JLL ECALNAME | insert only <u>one</u> debtor name (1a or 1b) | -do not abbreviate or combine names | | | |
| 12 | a, ORGANIZATION'S N | AMERON, AN | EK SCHAUMBUR | G LLC | | | |
| OR THE INDIVIDUAL'S LASTNAME 1c. MAILING ADDRESS C/O ROMANEK PROPERTIES LTD *** | | | FIRST NAME | MIDDLE | MIDDLE NAME | | |
| | | | CHICAGO | STATE IL | POSTAL CODE 60631 | COUNTRY | |
| 1d. SE | Id. SEE INSTRUCTIONS ADD'L INFO RE 18, TYPE OF ORC ANIZA TON DEBTOR LLC | | 1f. JURISDICTION OF ORGANIZATION DE | () | 1g. ORGANIZATIONAL ID #, if any 4097957 | | |
| 2. AD | DITIONAL DEBTO | R'S EXACT FULL | LEGAL NAME - insert only one I | ebtor name (2a or 2b) - do not abbreviate or con | nbine names | • | |
| | a. ORGANIZATION'S N | AME | | | | | |
| OR Z | 2b. INDIVIDUAL'S LAST NAME | | FI (ST NAME | MIÐDLE | MIDDLE NAME | | |
| 2c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY | |
| 2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | | 2f. JURISDICTION OF OR JANIZATION | 2g. ORG | 2g. ORGANIZATIONAL ID #, if any | | | |
| | | | TOTALASSIGNEE of ASSIGNOR S/F RA CREDIT & CAP | e)-insertonly one secured party nam. (3n or 5) | <i></i> | | |
| OR 3b, INDIVIDUAL'S LAST NAME | | | FIRST NAME | MIDDLE | NAME | SUFFIX | |
| 3c. MAILING ADDRESS C/O C-III ASSET MANAGEMEN | | | 1.4cm | STATE | IF OSTAL CODE | COUNTRY | |
| | | | IRVING | TX | 75039 | USA | |

4. This FINANCING STATEMENT covers the following collateral:

See "Exhibit A" attached hereto and made a part hereof.



| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR | CONSIGNEE/CONSIGNOR BAILEE/BA | ALOR SELLER/BUYER | AG. LIEN NON-UCC FILING |
|--------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------|---------------------------|
| This FINANCING STATEMENT is to be filed [for record] (or recorded) if ESTATE RECORDS. Attach Addendum. | the REAL 7. Check to REQUEST SEARCE | H REPORT(S) on Debtor(s) All | Debtors Debtor 1 Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | | | |
| Parkway Corporate Center - LN#11000700 | | | |

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| FOLLOW INSTRUCTIONS (front and ba | ck) CAREFULLY | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|---------|------------------------------|-------------------|--|
| 9. NAME OF FIRST DEBTOR (1a or 1) 9a. ORGANIZATION'S NAME ROMANEK SCHAUM | | STATEMENT | - | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLÉ NAME,SUFI | FIX | | | | |
| 10,MISCELLANEOUS: | | · · | | | | | |
| DEBTOR 1 ADDRESS (0 *** 8410 WEST BRYN I CHICAGO, IL 60631 SECURED PARTY ADD | MAWR AVENUE | ED): | | | | | |
| 11, ADDITIONAL DEBTOR'S EXACT I | FILLY FOAT MARKE investment | | | | IS FOR FILING OFFI | CE USE ONLY | |
| 11a. ORGANIZATION'S NAME | -UL . LF GAL NAME - Insert only | one name (11a or 11b) - do nocabo | previate or combine nar | nes | | | |
| OR 11b. INDIVIDUAL'S LAST NAME | <u> </u> | FIRST NAME | | MIDDLE | NAME | SUFFIX | |
| 11c. MAILING ADDRESS | 0, | CITY | | STATE | POSTAL CODE | COUNTRY | |
| 11d. <u>SEE INSTRUCTIONS</u> ADD'L INFO ORGANIZATI DEBTOR | | 11f. JURISDICTION OF OR | GANIZATION | 11g. OR | GANIZATIONAL ID #, if a | ny NONE | |
| 12. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME | ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P'S NAME and tonly one name (12a or 12b) 12a. ORGANIZATION'S NAME | | | | | | |
| OR 12b. INDIVIDUAL'S LAST NAME | to the state of th | FIRST NAME | | MIDDLE | NAME | SUFFIX | |
| 12c. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY | |
| 13. This FINANCING STATEMENT covers collateral, or is filed as a X fixture filing 14. Description of real estate: See "Exhibit A" attached her part hereof. | | 16. Additional collateral de | scription: | Ś(| | | |
| 15. Name and address of a RECORD OWNE (if Debtor does not have a record interest) | | | | | | | |
| | | 17. Check <u>only</u> if applicable Debtor is a Trust or | | | property held in trust or | Decedent's Estate | |
| | | 18. Check <u>only</u> if applicable Debtor is a TRANSMIT | | oox. | | | |
| | | | h a Manufactured-Hom h a Public-Finance Trai | | | | |

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| UCC FINANCING STATEME | | | | | | | |
|------------------------------------------------------------|----------------------------------|---------------------------------------|----------------------------|---------------------------|--------------|--|--|
| FOLLOW INSTRUCTIONS (front and back) | | | | | | | |
| 9. NAME OF FIRST DEBTOR (1a or 1b) O | N RELATED FINANCING STA | TEMENT | | | | | |
| ROMANEK SCHAUMBU | | | | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | | |
| 10. MISCELLANEOUS: Continued from previous for | m- | | | | | | |
| *** 5221 N. O'CONNOR BI | VD SUITE 600 | | | | | | |
| IRVING, TX 75039 | 3. D., BOILD 000 | | | | | | |
| 60 | | | | | | | |
| | <u> </u> | | THE AROVE SOA | CE IS EOD EII ING OF | TOT HOT ONLY | | |
| 11. ADDITIONAL DEBTOR'S EXACT FULL | .EGAL NAME - insert only one r | rame /11a or 11b) - da not abbrovio | THE ABOVE SPA | CE IS FOR FILING OFF | ICE USE ONLY | | |
| 11a. ORGANIZATION'S NAME | EL SACTORISET UNITY OTIET | ialile (11a of 11b) - do not apprevia | ite or combine names | | | | |
| | 0.0 | | | | | | |
| OR 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDD | LE NAME | SUFFIX | | |
| 11c. MAILING ADDRESS | 0 | CITY | STAT | E POSTAL CODE | COUNTRY | | |
| 11d. SEEINSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGAN | ZATION 11g. | PRGANIZATIONAL ID #, if | | | |
| 12. ADDITIONAL SECURED PARTY'S | or ASSIGNOR S/P'S | NAME incort only one name (| 12a ar 13h) | | NONE | | |
| 12a, ORGANIZATION'S NAME | <u> </u> | tonly <u>one</u> name (| 12a 01 12b) | **** | | | |
| OR | \mathcal{O}_{k} | | | | | | |
| 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDD | LE NAME | SUFFIX | | |
| | | | | | ļ | | |
| 12c. MAILING ADDRESS | | CITY | STAT | E POSTAL CODE | COUNTRY | | |
| 13. This FINANCING STATEMENT covers time | er to be cut or as-extracted | 16. Additional collateral descrip | ion: | | | | |
| collateral, or is filed as a X fixture filing. | | · | | | | | |
| 14. Description of real estate: | | | 174 | | | | |
| | | | . 0 | | | | |
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| | | | | Office | | | |
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| 15. Name and address of a RECORD OWNER of ab | ove-described real estate | | | | | | |
| (if Debtor does not have a record interest): | | | | | | | |
| | | ļ | | | | | |
| | | 17. Check only if applicable and | check <u>only</u> one box, | | ···· . · · | | |
| | · — — | | property held in trust or | Decedent's Estate | | | |
| | 18. Check only if applicable and | | | | | | |
| | | Debtor is a TRANSMITTING | UTILITY | | | | |
| | | Filed in connection with a Ma | anufactured-Home Transac | tion — effective 30 years | | | |
| X | | Filed in connection with a Pu | blic-Finance Transaction - | - effective 30 years | | | |

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Debtor Name: ROMANEK SCHAUMBURG LLC

Item No. 14 continued:

EXHIBIT A

Legal Description

Street Address: 915, 935 and 955 National Parkway

PIN No. 07-13-101-013-0000

Parcel ?

Lot 2 in Oxford Capital Partner's Resubdivision being a resubdivision of Lot 1 in Anderson's Third Resubdivision, a resubdivision of part of Lot 2 in Anderson's Second Resubdivision, a resubdivision of Anderson's Resubdivision of part of Lot 11 in Anderson's Woodfield Park, a subdivision of part of the Northwest 1/4 of Section 13, Township 41 North, Range 10, East of the Third Principal Meridian, except that part thereof described as follows:

Beginning at the Southwest corner of Lot 2 aforesaid; thence north along the west line of said lot, 20.00 feet; thence Southeasterly to a point on the south line of said lot 20.00 feet east of the southwest corner thereof; thence west, along said south line, 20.00 feet to the point of beginning, in Cook County, Illinois.

Easement Estate Parcel 2:

A permanent, non-exclusive reciprocal easement for vehic dar and pedestrian access and parking as described in the Reciprocal Easement Agreement for Access and Parking recorded in document no. 0408918051, Cook County Recorder of Deeds, Cook County, Illinois.

Easement Estate Parcel 3:

A permanent, non-exclusive, irrevocable and perpetual easement for pedestrian and vehicular ingress and egress to and from East Woodfield Road as described in the Easement Agreement recorded in document no. 0010457075, Cook County, Recorder of Deeds, Cook County, Illinois.