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| IICC. | EINANCING | STATEMENT | AMENDMENT |
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| i II | PINEMULINUS | JIAIENLHI | VINCIADIMENT |

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER [optional]
Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 5028 SUBURBAN BANK &

CT Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071
FIXTURE

Doc#: 1202703013 Fee: \$40,00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds
Date: 01/27/2012 10:47 AM Pg: 1 of 2

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| INITIAL FINANCING | | * CC IL Cook+ | <u> </u> | | b. This FINANCING STATEMEN to be filed [for record] (or record) REAL ESTATE RECORDS. | IT AMENDMENT is |
| | | e hins ocing Statement identified above | ve is terminated with | respect to security interest(s) of the | Secured Party authorizing this Ter | mination Statement. |
| | : Effectiveness of the ditional period provided | e Finar Ling Statement identified abov d by applicable law. | ve with respect to th | e security interest(s) of the Secured | Party authorizing this Continuation | Statement is |
| ASSIGNMENT (fi | ull or partial): Give n | ame of assi (ner in item 7a or 7 | | | | |
| | | This Fallendiness direc | | ured Party of record. Check only one | of these two boxes. | |
| CHANGE name and | t/or address: Give curre | kes <u>and</u> provide app oprial a info ent record name in item calor 6h; also d/or new address (if address char ge | o give new | 6 and/or 7. DELETE name: Give record name to be deleted in item 6a or 6b. | ADD name: Complete iten item 7c; also complete iten | |
| CURRENT RECORD I | | | <u>)/</u> | | | |
| 6a ORGANIZATION'S I | NAME LDEVELOP | MENTS LLC | τ_{\sim} | | | |
| | | | FIRS, NAME | i | MIDDLE NAME | SUFFIX |
| 6b. INDIVIDUAL'S LAST | [NAME | | FIRS , NAME | " | 77 D C L.L. 147 117 11 | |
| | | | | | ***** | |
| CHANGED (NEW) OR | | TION: | | '/) _x | | |
| 7a. ORGANIZATION'S | NAME | | | 9 | | |
| R 7b. INDIVIDUAL'S LAS | T NAME | | FIRST NAME | , | MIDDLE NAME | SUFFIX |
| | | | | | | |
| : MAILING ADDRESS | | | CITY | | STATE POSTAL CODE | COUNTRY |
| | | | | | | |
| 1. SEE INSTRUCTION | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTI | ON OF ORGANIZATION | 7g ORGANIZATIONAL ID#, if any | NON |
| | ORGANIZATION DEBTOR |): check only o <u>ne</u> box. | | | <u>0,</u> | |
| AMENDMENT (COLL | ORGANIZATION DEBTOR ATERAL CHANGE |): check only o <u>ne</u> box. | | ON OF ORGANIZATION | <u>0,</u> | |
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| AMENDMENT (COLL | ORGANIZATION DEBTOR ATERAL CHANGE |): check only o <u>ne</u> box. | | | <u>0,</u> | S / P / 2 S / M / N SC / E / |
| AMENDMENT (COLL. Describe collateral | ORGANIZATION DEBTOR ATERAL CHANGE deleted or adde | check only one box. bod, or give entire restated colla | iteral description, | or describe collateral assigned | | S / P / 2 S / M / M / SC / E / INT / Z |
| . AMENDMENT (COLL. Describe collateral | ORGANIZATION DEBTOR ATERAL CHANGE deleted or adde |): check only o <u>ne</u> box. | nteral description, | or describe collateral assigned | | S / P / S // M / SC / E / INT // |
| Describe collateral Describe collateral Describe collateral Describe collateral Describe collateral | ORGANIZATION DEBTOR ATERAL CHANGE deleted or added PARTY OF RECOR the authorizing Debtor, S NAME | check only one box. cd, or give entire restated collar RD AUTHORIZING THIS AMENI or if this is a Termination authorized | nteral description, | or describe collateral assigned | this is an Amendment authorized b | S / S / S / S / S / S / S / S / S / S / |
| Describe collateral Describe collateral Describe collateral Describe collateral | PARTY OF RECOR the authorizing Debtor, N BANK & | check only one box. cd, or give entire restated collar RD AUTHORIZING THIS AMENI or if this is a Termination authorized | nteral description, | or describe collateral assigned assignor, if this is an Assignment). If | this is an Amendment authorized b | S / P / S / M / M SC / E / INT / Z |

31500224 Debtor Name: KINGSTON DEVELOPMENTS LLC 13764 KINGSTON DEVELOPMENTS

LLC OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

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| ŲC | C FINANCIN | G STATEME | NT AMENDMEN | T ADDENDUM |
|-----|---------------------|-----------------------|--------------------------------|---------------------|
| | | | l back) CAREFULLY | |
| 11. | INITIAL FINANCIN | G STATEMENT FIL | E # (same as item 1a on Amend | iment form) |
| 07 | 12209001 | 05/02/07 | CC IL Cook+ | |
| | | | NDMENT (same as item 9 on Amer | ndment form) |
| | SUBURBA | N'S NAME AN BANK & | TRUST | |
| OR | 12b. INDIVIDUAL'S I | LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
| 42 | Use this space for | additional informa | ation | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: Lots 1, 2 and 3 in Birck 7 in South Shore Park, being a Subdivision of the West Half of the Southwest Quarter of Section 30. Township 38 North, Range 15, Ensit of the Third Principal Meridian, in Cook County, Illinois. Real Property located at 7600-7610 SOUTH KINGSTON AVENUE, CHICAGO, IL 60649 REAL PROPERTY TAX IDENTIFICATION NUMBER IS 21-30-309-014-0000. Parcel ID: 21-30-309-014-0000