## UNOFFICIAL COPY

| JCC FINANCING STAT<br>OLLOW INSTRUCTIONS (front and<br>A. NAME & PHONE OF CONTACT A   |   | Т  | 1774044116   |                         |
|---|---|--|--|-------------------------|
| William S. Schwartz, Esq.   |   |  | Doc#: 1224044116 Fe  | s· \$40 00              |
| B. SEND ACKNOWLEDGMENT TO:  | (Name and Address)  |  | Eugene "Gene" Moore RHSP   |                         |
| Levenfeld Pearlstei   | n II C  |  | Cook County Recorder of Dee  |                         |
| 400 Skokie Bouleva  |   |  | Date: 08/27/2012 03:29 PM F  | Pg: 1 of 2              |
| Suite 700   | -1.4  |  |  |                         |
| Northbrook, Illinois  | 60662   |  |  |                         |
|   |   |  |  |                         |
|   |   |  |  |                         |
|   | <u> </u>  | ТН   | E ABOVE SPACE IS FOR FILING OFFICE U   |                         |
| a. INITIAL FINANCING STATEMENT! LE 0921503066 Filed: 08/03/.  | / _   |  | 1b. This FINANCING STATEM to be filed [for record] (or re REAL ESTATE RECORDS  | corded) in the          |
| TERMINATION: Effectiveness of   | the Financing Statement identified above is   | s terminated with respect to security i  | nterest(s) of the Secured Party authorizing this Term  |                         |
| B. CONTINUATION: Effectiveness continued for the additional period p  |   | ve with respect to security interest(s   | of the Secured Party authorizing this Continuation   | Statement is            |
|   |   | ddrag of accions in its 27, and a  |  |                         |
| . AMENDMENT (PARTY INFORMA  | ive name of assigned in tern 7a or 7b and a   |  | so give name of assignor in item 9.  Check only one of these two boxes.  |                         |
| ,   | xes and provide appropriate information in it   | hand .   | . Check only one of these two boxes.   |                         |
| CHANGE name and/or address: Pleas in regards to changing the name/addre   |   | DELETE name: Give record not to be deleted in item 6a or 6b.   | also complete item 7a c  | or7b, and also item 7c; |
| CURRENT RECORD INFORMATION  |   | to be deleted in norm of direct.   | alag complete items re-rig (irag   | pilicable).             |
| 6a. ORGANIZATION'S NAME   |   |  |  |                         |
| 600 VERMONT, LLC  |   |  |  |                         |
| 6b, INDIVIDUAL'S LAST NAME  |   | FIRST WAY  | MIDDLE NAME  | SUFFIX                  |
| CHANGED (NEW) OR ADDED INFO   | PRMATION:   | 77   | A STATE OF THE STA |                         |
| 76. INDIVIDUAL'S LAST NAME  |   | FIRST NAME   | MIDDLE NAME  | SUFFIX                  |
|   |   |  |  |                         |
| MAILING ADDRESS   |   | CITY   | STATE POSTAL CODE  | COUNTRY                 |
|   | O RE   7e. TYPE OF ORGANIZATION   | 7f. JURISDICTION OF ORGANIZA   | ATION 7g. ORGANIZATIONAL ID #, if a  | ny                      |
| d. <u>SEE INSTRUCTIONS</u> ADD'L INF<br>ORGANIZA<br>DEBTOR<br>. AMENDMENT (COLLATERAL CH  | ATION   | 7f. JURISDICTION OF ORGANIZA   | 7g. ORGANIZATIONAL ID #, if a  | ny                      |
| ORGANIZ/DEBTOR  AMENDMENT (COLLATERAL CH Describe collateral deleted or   MAME OF SECURED PARTY OF adds collateral or adds the authorizing D  Pa. ORGANIZATION'S NAME  ATLAS PARTNERS M | ATION  <br>   | 7f. JURISDICTION OF ORGANIZ.  al description, or describe collateral  ENDMENT (name of assignor, if this by a Debtor, check here and ent | ATION 7g. ORGANIZATIONAL ID #, if a  | ny NON                  |
| d. SEEINSTRUCTIONS  ADD'L INFORCANIZATIONS.  AMENDMENT (COLLATERAL CH Describe collateral deleted or  | ATION   HANGE): check only one box.  added, or give entire restated collaters  F RECORD AUTHORIZING THIS AME lebtor, or if this is a Termination authorized | 7f. JURISDICTION OF ORGANIZ.  al description, or describe collateral  ENDMENT (name of assignor, if this by a Debtor, check here and ent | TION 7g. CRGANIZATIONAL ID #, if a said assigned.  | ny NON                  |

1224044116 Page: 2 of 2

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| UC  | C FINANCING STATE                     | MENT AMENDME                   | ENT ADDENDUM             |
|-----|---------------------------------------|--------------------------------|--------------------------|
| FOL | LOW INSTRUCTIONS (front and back      | k) CAREFULLY                   |                          |
| 11  | INITIAL FINANCING STATEMENT F         | ILE # (same as item 1a on Amer | ndment form)             |
| -09 | 921503066 Filed: 08/03/20             | 09                             |                          |
| 12. | NAME OF PARTY AUTHORIZING 1           | HIS AMENDMENT (same as i       | tem 9 on Amendment form) |
|     | 12a. ORGANIZATION'S NAME ATLA         | S PARTNERS MOR                 | TGAGE INVESTORS,         |
| 00  | LLC                                   |                                |                          |
| OR  | 12b. INDIVIDUAL'S LAST NAME           | FIRST NAME                     | MIDDLE NAME, SUFFIX      |
|     |                                       |                                |                          |
| 13. | Use this space for additional informa | tion                           |                          |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## LEGAL DESCRIPTION OF PROPERTY:

LOT 24 (EXCEPT THE SOUTH 225.( FEFT THEREOF), ALL OF LOT 25, AND THE SOUTH 21 FEET OF LOT 26 IN KLEFSTAD'S PALATINE INDUSTRIAL PARK, BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 23, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF THE WEST RIGHT OF WAY LINE OF STATE ROUTE NO. 53 (HICKS ROAD), IN COOK COUNTY, ILLINOIS.

PIN: 02-23-308-024-0000

ATIN.

OLONGO

ORGANICA

O COMMON ADDRESS: 600 SOUTH VERMONT STREET PALATINE, ILLINOIS 60067