UNOFFICIAL COPY

IMME & PHONE OF CONTRACT AT FILER (optional) Phone: (900) 331-3282 Fax: (813) 662-4141 COX COUNTY Regorder of Deeds Date: 06/01/2015 11:07 AM. Pg: 1 of 3 CLS-CLIS. Glendale_Customer_Service@wolterskluwer.com SEND ACKNOWLEDGMENT TO. (Name and Address) 15715 - Bank Financial CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 LLL FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY File with: Cock, IL NITIAL FINANCING STATEMENT File NIMBER 27334038 9/30/2010 CC IL Cock TERMINATION: Effectiveness of the Financing Silvement identified above is terminated with respect to the security interest(c) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or pactal): Provide name of Assignes in term 7 or and dardress of Assignes in item 8 For partial assignment, complete forms 7 and 9 and statement identified above with respect to the security interest(q) of Secured Party authorizing this Termination Statement identified above with respect to the security interest(q) of Secured Party authorizing this Termination Statement identified above with respect to the security interest(q) of Secured Party authorizing this Termination Statement identified above with respect to the security interest(q) of Secured Party authorizing this Continuation Statement identified above with respect to the security interest(q) of Secured Party authorizing this Continuation Statement identified above with respect to the security interest(q) of Secured Party authorizing this Continuation Statement identified above with respect to the security interest(q) of Secured Party authorizing this Continuation Statement identified above with respect to the security interest(q) of Secured Party authorizing this Continuation Statement identified above with respect to the security interest(q) of Secured Party authorizing this Continuation Statement identified above with respect to the security interest(q) of Secured Party authorizing this Continuation Statement identified above with respect to the security interest(q) of Sec				515217 02 5	
AME & PHONE OF COUNTY AT FILER (CPIDINIAL) AMAL CONTACT AT FILER (CPIDINIAL) CLS-CTLS Glendale Customer Service@woltersktuwer.com SEND ACKNOWLEDGMENT TO: (Name and Address) 15715 - Bank Financial CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 ILIL FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY File w.(ii): Dock, IL INITIAL FINANCING STATEMENT FILE MINIBER 27334038 930/2010 CC IL CG. TERMINATION: Effectiveness of the Financing Saltement Identified above is terminated with respect to the security interest(e) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of Assigns in item 7a or 7b, and address of Assigns in item 7a and name of Assigns in item 8 CONTINUATION: Effectiveness of the Financing Saltement Identified above with respect to the security interest(e) of Secured Party authorizing this Termination Statement IDENTIFY (full or partial): Provide name of Assigns in item 8 CONTINUATION: Effectiveness of the Financing Saltement Identified above with respect to the security interest(e) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY WINFORMATION CHANGE: AND Check and of these two boxes: CHANGED ON ADDITIONAL TRANSITION: Complete for Party Information Change - provide only again among a finance in them 6a or 8b CORRENT RECORD INFORMATION: Complete for Party Information Change - provide only aga name (is or 8b) Res INDIVIDUAL'S FURST PERSONAL NAME RES INDIVIDUAL'S BURNAME RESIDENCE SERVING PROPERIES, L.L.C., an Illinois Limited Liability Company To RINGHOLD AND SOLUTIONAL NAME(Symmatic) PROVIDUAL'S RUST PERSONAL NAME RESIDENCE ADDITIONAL NAME(Symmatic) CITY STATE POSIAL CODE COUNTING RESIDENCE ADDITIONAL NAME(Symmatic) CITY STATE POSIAL CODE COUNTING COUNTING RESIDENCE ADDITIONAL NAME(Symmatic) CITY STATE POSIAL CODE COUNTING COUNTING CITY STATE POSIAL CODE COUNTING CITY STATE POSIAL CODE COUNTING COUNTING CITY STATE POSIAL CODE	LOW INSTRUCTIONS	NT	RHSP Fee	:\$9.00 HPHF Fee. \$1.00	.00
SEND ACKNOWLEDGMENT TO: (Name and Address) 15715 - Bank Financial CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 ILIL FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FI	Phone: (800) 331-3282 Fax: (818) 662-4141		Cook Cou	nty Recorder of Deeds	f 3
SEND ACKNOWLEDGMENT TO: (Name and Address) 15715 - Bank Financial - CT Lien Solutions	CLS-CTLS_Glendale_Customer_Service@woiterskidwo	er.com	Date: 00/0	7/7/2010 11101 11111	
FILE W. (Dr. 2004, IL THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY File w. (Dr. 2004, IL INITIAL FINANCING STATEMENT FILE NUMBER THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS THE RECORD OFFICE USE ONLY THE ABOVE SPACE IS THE RECORD OFFICE USE ONLY THE ABOVE SPACE IS THE RECORD OFFICE USE ONLY THE ABOVE SPACE IS THE RECORD OFFICE USE ONLY THE ABOVE SPACE IS THE RECORD OFFICE USE ONLY THE ABOVE SPACE IS THE RECORD OFFIC	SEND ACKNOWLEDGMENT TO: (Name and Address) 15715	- Bank Financial -			
File with: Cook. IL THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	P.O. Box 29071				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE IN IMBER 27334038 9/30/2010 CC IL Cook INITIAL FINANCING STATEMENT ARRONMENT is to be filed [for record] or recorded] in the REAL ESTATE RECORDS File: glaze) Amendment Addendum from UCCSA0] and provide Debtor's name in item 13 IS TERMINATION: Effectiveness of the Financing Sistement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination I ASSIGNMENT (full or partial): Provide name of Assigns and learn 3 or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and a lab as a fide sea affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement ide fulfied above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: Check one of these two boxes: AND Check one of these two boxes: Check one of these two boxes: AND Check one of these two boxes: CHANGE, are and/or address. Complete This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6 or 6b) To ROGANIZATIONS NAME Coffax Shore Properties, L.L.C., an Illinois Limited Liability Company 7b. INDIVIDUAL'S SURNAME NORVIDUAL'S SURNA	Glendale, CA 91209-9071	-			
INITIAL FINANCING STATEMENT (Total Control of Control o			THE ABOVE SPAC	E IS FOR FILING OFFICE USE	E ONLY
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement (full or partial): Provide name of Assign a in item 7 or 7b, and address of Assignee in item 7c and name of Assign in item 9 For partial assignment, complete items 7 and 9 and also it are affected collateral in item 8 For partial assignment, complete items 7 and 9 and also it are affected collateral in item 8 For partial assignment, complete items 7 and 9 and also it are affected collateral in item 8 For partial assignment, complete items 7 and 9 and also it are affected collateral in item 8 For partial assignment, complete items 7 and 9 and also it are affected collateral in item 8 For partial assignment, complete items 7 and 9 and also items 8 for partial assignment, complete items 8 For partial assignment, complete items 8 For partial assignment of the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for 7 and	INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATEM (or recorded) in the REAL I	ENT AMENDMENT is to be filed [for ESTATE RECORDS	r recoruj r's name in item 13
ASSIGNMENT (full or partial): Provide name of Assigns an item 7a or 7b, and address of Assignee in item 7c and name of Assignor in Item 9 For partial assignment, complete items 7 and 9 and and item as a feeded collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement ide (infied) above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION: CHANGE: Check one of these two boxes: Check one of the	27334038 9/30/2010 CC IL CC IK	is a second with	Ellor, attach Amendment Addel	Bulli (Form Occorra) and France	rmination
ASSIGNMENT (full or partial): Provide name of Assignor a in item 7 or 7b. and address of Assignee in item 7c and name of Assignment, complete items 7 and 9 and also it disate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement ide infleed above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record laws after the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law CHANGE, where and/or address: Complete Change is the security interest complete in them 6a or 6b and item 7c or 7b and item 7c or 7b and item 7c or 7b.	TERMINATION: Effectiveness of the Financing Statement identifie	d above is terminated with	Tespect to the docum,		
For partial assignment, continued for the Financing Statement ide (affeo above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check It is set three boxes to: CHANGE It is set three boxes to: ADD name: Complete item DELETE name: Give record name and/or address: Complete To or 7b, and item 7c To o	ASSIGNMENT (full or partial): Provide name of Assignra, item 7	a or 7b, <u>and</u> address of A	ssignee in item 7c <u>and</u> name of As 3	signor in item 9	
Continued for the additional period provided by opposition of the deditional period provided by opposition of the deditional period provided by part of the Debtor's name and/or address: Complete item Complete ite	For partial assignment, complete terms i una description of the Financing Statement ide its	fied above with respect to	the security interest(s) of Secured	Party authorizing this Continuation S	Statement is
Check one of these two boxes: This Change affects Debtor or Secured Party of record Item 6s or 6b. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6s or 6b) Ba. ORGANIZATION'S NAME Colfax Shore Properties, L.L.C., an Illinois Limited Liability Company Ba. Individual's Surname FIRST PERSONAL Minic CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (6 or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SUFFIX CITY STATE POSTAL CODE COUNTRY	continued for the additional period provided by application	0-			
This Change affects Debtor or Secured Party of record Item 6a (7 6b; and Item 7 6 70 and Item	and the state of t	museus an and/or	address: Complete ADD nam		: Give record nam item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (see that the provide any part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (see a continuous) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide o	Secured Party of record	item 6a (/ 6b; and item	7a or 7b and lean 7c	and item 70 to be deleted in	
Colfax Shore Properties, L.L.C., an Illinois Limited Liability Complete for Assignment or Party Information Change - provide only one name; a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name; a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name; a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX 7. INDIVIDUAL'S ADDITIONAL NAME(SylINITIAL(S) T. MAILING ADDRESS CITY STATE POS ALCODE COUNTRY	CURRENT RECORD INFORMATION: Complete for Party Information				
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL Fund. 7c. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7c. MAILING ADDRESS FIRST PERSONAL NAME SUFFIX CITY STATE POS: At CODE COUNTRY	6a. ORGANIZATION'S NAME Colfay Shore Properties, L.L.C., an Illinois Limit	ted Liability Compa	ny	LIPPETONIAL NIANAE (SVINITIAL (S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7. CHANGED OR ADDITIONS NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7. CHANGED OR ADDITIONAL NAME(S)INITIAL(S) CITY CITY STATE POS At CODE COUNTRY		FIRST PERSO	NA_N'IMU	ADDITIONAL NAME(S)(INTINAL(S)	1
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL TODE COUNTRY		- vide on	by one part ('a or 7b) (use exact, full name	do not omit, modify, or abbreviate any part of	the Debtor's name)
7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SJINITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	TO DATA TION: Complete for Assignment or Party	Information Change - provide on	, <u></u>		
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	CHANGED OR ADDED INFORMATION. COMPARE TO THE PROPERTY OF THE P				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS SUFFIX FOSTAL CODE COUNTRY	7. CHANGED OR ADDED INFORMATION. COMPARE OF THE TRANSPORT				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS SUFFIX FOSTAL CODE COUNTRY	7a. ORGANIZATION'S NAME		- C/O//	,	
7c. MAILING ADDRESS CITY STATE POS AL ODE COUNTRY	7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME		C/2		
7c. MAILING ADDRESS CITY STATE POS AT ODE	7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME			Ś	
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME		<u> </u>	50 0/5c.	SUFFIX
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)			5 0/%.	SUFFIX
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS	CITY	- C/A	STATE POSTAL CODE	SUFFIX
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four box	CITY		STATE POSTAL-CODE	SUFFIX
Indicate collateral:	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four box	CITY		STATE POSTAL-CODE	SUFFIX
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four box	CITY		STATE POSTAL-CODE	SUFFIX
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four box	CITY		STATE POSTAL-CODE	SUFFIX
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four box	CITY		STATE POSTAL-CODE	SUFFIX
Indicate collateral: P S	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four box Indicate collateral:	CITY xes: ADD collateral	DELETE collateral	STATE POST AS CODE RESTATE covered collateral	SUFFIX COUNTRY ASSIGN colla
Indicate collateral: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four box Indicate collateral:	ctTY xes: ADD collateral	DELETE collateral Provide only one name (9a or 9b	STATE POST AS CODE RESTATE covered collateral	SUFFIX COUNTRY ASSIGN colla
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SyINITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four box Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING It this is an Amendment authorized by a DEBTOR, check here	ctTY xes: ADD collateral	DELETE collateral Provide only one name (9a or 9b	STATE POST AS CODE RESTATE covered collateral	SUFFIX COUNTRY ASSIGN colla
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four box Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here BANKFINANCIAL, F.S.B.	CITY ADD collateral NG THIS AMENDMENT and provide name of aut	DELETE collateral Provide only one name (9a or 9b porizing Debtor	STATE POSTAL CODE RESTATE covered collateral (name of Assignor, if this is an Assignor)	SUFFIX COUNTRY ASSIGN collar S gnment)
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four box Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here BANKFINANCIAL, F.S.B.	CITY ADD collateral NG THIS AMENDMENT and provide name of aut	DELETE collateral Provide only one name (9a or 9b porizing Debtor	STATE POSTAL CODE RESTATE covered collateral (name of Assignor, if this is an Assignor)	SUFFIX COUNTRY ASSIGN collar S gnment)

1515217025 Page: 2 of 3

UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

C FINANCING STATEMENT AMENDMENT AT LOW INSTRUCTIONS				
NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendm	nent form	Ì		
27334038 9/30/2010 CC IL Cook	and mont form			
NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ame	enument ionn	1		
12a. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B.		1		
DANIC REALITION LE, 1 . S. S.		1		
		_		
12b. INDIVIDUAL'S SURNAME		Į.		
		4		
FIRST PERSONAL NAME				
' O	SUFFIX	4		
ADDITIONAL NAME(S)/INITIAL(S)	SUPPIX	THE ABOVE S	SPACE IS FOR FILING OFFICE US	E ONLY
	t to design device	- rumanas antu in con	e filing offices - see Instruction item	13): Provide only
Name of DEBTOR on related financing stater ent vame of a current Debtor of one Debtor name (13a or 13b) (use exact, full rame; do not omit, modify, or ab	obreviate any part of the De	btor's name); see Instr	uctions if name does not fit	
13a. ORGANIZATION'S NAME Colfax Shore Properties, L.L.C., an Illir ois Limited Liabil	lity Company			
	FIRST PERSONAL NAME		ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
13b. INDIVIDUAL'S SURNAME	}			
4. ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
ecured Party Name and Address: ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD , I	BURK RIDGE, IL 605	27		
ecured Party Name and Address: ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD ,	BURK-RIDGE, IL 605		SO,	
ecured Party Name and Address: ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD ,	BURK RIDGE, IL 605		S OFFICE	
ANKFINANCIAL, F.S.B 15W060 NORTH PRONTAGE ROAD, T	17 Per	cognition of real estate:	The co	
ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD, TO THE PROPERTY OF THE PROP	d as a fixture filing Drope	coription of real estate: rty address: 8114-	8116 S Kingston Ave and 812	25-8127 S Colfa
ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD TO A STATEMENT AMENDMENT: Covers timber to be cut Covers as-extracted collateral is filed to be covered and address of a RECORD OWNER of real estate described in item 1	d as a fixture filing Ave	coription of real estate: rty address: 8114- Chicago IL 60617	8116 S Kingston Ave and 812	
ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD, TO THE PROPERTY OF THE PROP	d as a fixture filing proper Ave PARC THE SUBI RING THE OF S	ccription of real estate: rty address: 8114- Chicago IL 60617 JEL 1: SOUTH 18 FEET (DIVISION OF LOT: JERS' SOUTH SHO EAST 1/2 OF THE ECTION 31, TOW	8116 S Kingston Ave and 812 OF LOT 5 AND LOT 6 IN BLO S 1 TO 10, BOTH INCLUSIVE ORE ADDITION, BEING A SL SOUTHWEST 1/4 OF THE N NSHIP 38 NORTH, RANGE 1	OCK 2 IN THE E IN CHARLES IBDIVISION OF NORTHWEST 1 15, EAST OF TH TH 33 FEET
ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD TO A STATEMENT AMENDMENT: Covers timber to be cut Covers as-extracted collateral is filed to be covered and address of a RECORD OWNER of real estate described in item 1	d as a fixture filling proper Ave PARC THE SUBIL RING THE OF STHIR THE COU	acription of real estate: rty address: 8114- Chicago IL 60617 CEL 1: SOUTH 18 FEET (DIVISION OF LOT: ERS' SOUTH SHO EAST 1/2 OF THE ECTION 31, TOW D PRINCIPAL ME REOF TAKEN FOR NTY ILLINOIS.	8116 S Kingston Ave and 812 OF LOT 5 AND LOT 6 IN BLO S 1 TO 10, BOTH INCLUSIVE DRE ADDITION, BEING A SL SOUTHWEST 1/4 OF THE N NSHIP 38 NORTH, RANGE 1 RIDIAN, (EXCEPT THE SOU R WIDENING EAST 83RD ST	OCK 2 IN THE E IN CHARLES IBDIVISION OF NORTHWEST 1 15, EAST OF TH TH 33 FEET (REET), IN COO
ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD TO A STATEMENT AMENDMENT: Covers timber to be cut Covers as-extracted collateral is filed to be covered and address of a RECORD OWNER of real estate described in item 1	d as a fixture filing proper Ave PARC THE SUBI RING THE OF STHIRE THEI COUL	coription of real estate: rty address: 8114- Chicago IL 60617 CEL 1: SOUTH 18 FEET (DIVISION OF LOT: ERS' SOUTH SHO EAST 1/2 OF THE ECTION 31, TOW D PRINCIPAL ME REOF TAKEN FOR NTY ILLINOIS. CEL 2: 25 AND SOUTH F	8116 S Kingston Ave and 812 OF LOT 5 AND LOT 6 IN BLO S 1 TO 10, BOTH INCLUSIVE SOUTHWEST 1/4 OF THE N NSHIP 38 NORTH, RANGE 1 RIDIAN, (EXCEPT THE SOU R WIDENING EAST 83RD ST	OCK 2 IN THE EIN CHARLES IBDIVISION OF NORTHWEST 1. 15, EAST OF TH TH 33 FEET (REET), IN COC
ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD TO A STATEMENT AMENDMENT: Covers timber to be cut Covers as-extracted collateral is filed to be covered and address of a RECORD OWNER of real estate described in item 1	d as a fixture filing proper Ave PARC THE SUBI RING THE OF STHIRE THEI COUL	acription of real estate: rty address: 8114- Chicago IL 60617 CEL 1: SOUTH 18 FEET (DIVISION OF LOT: ERS' SOUTH SHO EAST 1/2 OF THE ECTION 31, TOW D PRINCIPAL ME REOF TAKEN FOR NTY ILLINOIS.	8116 S Kingston Ave and 812 OF LOT 5 AND LOT 6 IN BLO S 1 TO 10, BOTH INCLUSIVE SOUTHWEST 1/4 OF THE N NSHIP 38 NORTH, RANGE 1 RIDIAN, (EXCEPT THE SOU R WIDENING EAST 83RD ST	OCK 2 IN THE E IN CHARLES IBDIVISION OF NORTHWEST 1 I5, EAST OF TH TH 33 FEET (REET), IN COO

1515217025 Page: 3 of 3

UNOFFICIAL COPY

Exhibit for Real Estate

17. Description of real estate:

Continued

PARK, BEING A SUBDIVISION OF PART OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

De la control de 21-31-118-022-0000 and 21-31-120-006-0000