UNOFFICIAL COPY

| Barbara Lenio Oppenheimer Multifamily Housing & Healthcare Finance, Inc. 1189 Welsh Robus, Suite 210 North Wales, P.A. 1954 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTIAL FINANCING STATEMENT OF IMMISSER (DT318092 Recorded 37/4/2011 TERMINATION: Electiveness of the Financing Statement Identified above is terminated with respect to the security intervent/Apardum (From UCDX/d) and provide Debort rare in item 13 TERMINATION: Electiveness of the Financing Statement Identified above is terminated with respect to the security intervent(s) of Secured Party authorizing this Termination ASSIGNMENT full or partiely. Provide parts of Lassigner in Imm 7s prof. and address of Assignee in Imm 7s prof. parties also provided assigner in Imm 7s prof. and address of Assignee in Imm 7s prof. parties and Assigner in Imm 7s prof. parties and Assignee in Imm 7s prof. parties and Assignment an | JCC FINANCING STATEMENT AMEND OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Barbara Lenio - 215-631-9151 B. E-MAIL CONTACT AT FILER (optional) Barbara.Lenio@opco.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) | DMÉNT ` | RHSP Karen Cook (| Fee;\$9.00 A.Yarbrouç County Rec | 19031 Fee: \$42. RPRF Fee: \$1.00 gh corder of Deeds 5 10:40 AM Pg: 1 of | |
|--|--|---|---|--|--|--------------------|
| INTIAL FINANCING STATEMENT III. IN MUSER (D7318092 Recorded 37:47011 TERMINATION: Effectiveness of the Princing Statement identified above is terminated with respect to the socially interest(s) of Secured Petry authorizing this Termination Statement. ASSIGNMENT (full or partie): Provide name of leasing vin law 7 or 75, and address of Assignere in law 72 and 5 accurate Petry authorizing this Termination onlines of the segment of the Princing Statement identified above is terminated with respect to the socially interest(s) of Secured Petry authorizing this Termination Properties assignment, complete forms 7 and 9 and 8 and address of Assignere in law 72 and 5 accurated Petry authorizing this Termination Continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued for the additional pends of your principles are continued and your principles | Barbara Lenio Oppenheimer Multifamily Housing & Heal Inc. 1180 Welsh Road, Suite 210 | thcare Finance, | THE ABOVE | SPACE IS FO | DR FILING OFFICE USE | ONLY |
| TERMINATION: Effectiveness of the Figuria city Statement identified above is terminated with report to the security interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of assignus in liem 7s or 7b, and address of Assignee in Item 7c and name of Assignor in Item 3 ASSIGNMENT (full or partial): Provide name of assignus in liem 7s or 7b, and address of Assignee in Item 7c and name of Assignor in Item 3 CONTINUATION: Effectiveness of the Financing Statem in Liquidided above with respect to the security interest(s) of Secured Party suthorizing this Continuation Statement is continued for the additional pends or additional pends | a. INITIAL FINANCING STATEMENT FULL NUMBER | | b. This FINANCING ST | ATEMENT AM | ENDMENT is to be filed [for | |
| ASSIGNMENT (full or partial): Provide name of Sasign or in term 7s or 7b, and address of Assignee in Item 7c and name of Assignor in term 9 PARTY INFORMATION: Entertweens of the Financing Statem in I reliabled above with respect to the security interest(e) of Secured Party authorizing this Continuation Statement 3 CONTINUATION: Entertweens of the Financing Statem in I reliabled above with respect to the security interest(e) of Secured Party authorizing this Continuation Statement 3 Continuated for the additional participation of the Party Information Change: PARTY INFORMATION CHANGE: AND Check or And Check | | ntified shows is to-mineted | Filer: <u>attach</u> Amendmer | nt Addendum (Fo | orm UCC3Ad) <u>and</u> provide Debto | |
| CONTINUATION: Effectiveness of the financing Statement is continued for the security interest(s) of Secured Perty authorizing this Continuation Statement is continued for the additional puriod provided by applicable is a continued for the additional puriod provided by applicable is a continued for the additional puriod provided by applicable is a continued for the additional puriod provided by applicable is a continued for the additional puriod provided by applicable is a continued for the additional puriod provided by applicable is a continued for the additional puriod provided by applicable is a continued for the additional puriod provided by applicable is a continued for the additional puriod provided by applicable in the continued for the additional puriod by a continued for the additional puriod continued for the additional puriod by a continued for the additional puriod continued for the additional puriod f | Statement Statement | mandu above is telliinsted W | ion respect to the security in | nerest(s) of Se | cured Party authorizing this | ermination |
| CONTINUATION: Effectiveness of the Financing Statem in Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is confirmed for the additional period provided by applicable leaver additional period provided by applicable leaver. PARTY INFORMATION CHANGE: AND Check go of these to boxes: AND Check go of these three boxes to: AND Check go of these to boxes: AND Check go of these three boxes to: AND Check go of these to boxes: AND Check go of these to boxes: AND Check go of these three boxes to: AND Check go of these to: AND Check go of thes | ASSIGNMENT (full or partial): Provide name of \ssi n^ in it For partial assignment, complete items 7 and 9 and also indicate | em 7a or 7b, <u>and</u> address of affected collateral in item 8 | Assignee in item 7c and na | me of Assigno | rin item 9 | |
| The change of these two boxes: AND Check prof. Secured Description ADD Camples ADD Camples | ✓ CONTINUATION: Effectiveness of the Financing Statem nt in | | to the security interest(s) of | Secured Part | y authorizing this Continuation | on Statement is |
| CHAN E Ammondfor address. Complete item Debtor at Secured Party of record Image affects Debtor at Secured Party of record Image affects Debtor at | _ | 0/ | | | | |
| DURRENT RECORD INFORMATION: Complete for Perty Information Change - pinking only only name (8e or 6b) 88. ORGANIZATION'S NAME 89. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S) SUFFIX ADDITIONAL NAME(S/INITIAL(S) SUFFIX SUFFIX TO 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) COUNTRY COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral ASSIGN collateral AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (8e or 9b) (name of Assignor, if this is an Assignment) Phile is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor Oppenheimer Multifamily Housing & Healthcare Finance, Inc. POPTIONAL FILER REFERENCE DATA: | ATTO ATT OF BIOCO (ATT DOXCE). | | | | | Give record name |
| Be. INDIVIDUAL'S SURNAME Be. INDIVIDUAL'S FIRST PERSONAL NAME BINDIVIDUAL'S FIRST PERSONAL NAME CITY STATE COUNTRY COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: Also check page of these four boxes: ADD collateral COLLATERAL CHANGE: ADDITIONAL NAME (SINITIAL(S) SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gage name (Se or 9b) (name of Assignor, if this is an Assignment) Page 100 CHANGE AND CHANG | | | | or 7b, <u>and</u> item 7 | to be deleted in i | tem 6a or 6b |
| CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only grig name (7a or 7g) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name) 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) SUFFIX SUFFIX SUFFIX SUFFIX CITY STATE POSTAL (ODI: COUNTRY AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only grig name (9a or 9b) (name of Assignor, if this is an Assignment) Prior and provide name of authorizing Debtor Opponheimer Multifamily Housing & Healthcare Finance, Inc. POPTIONAL FILER REFERENCE DATA: | | | > | | | |
| HANGED OR ADDED INFORMATION: Complete to Assignment or Party Information Change - provide only 200 name (7s or 7s) (task exact, full name, do not cmit, modify, or abbreviate any part of the Destor's name) 76. 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 COLLATERAL CHANGE: Also check 200 of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only 200 name (9e or 9b) (name of Assignor, if this is an Assignment) Phile is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 99. ORGANIZATION'S NAME Oppositional First Personal NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX POPTIONAL FILER REFERENCE DATA: | 6b. INDIVIDUAL'S SURNAME | FIRST PERSON | AL NA' JE | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name of assignor, if this is an Assignment) AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name of authorizing Debtor Oppenheimer Multifamily Housing & Healthcare Finance, Inc. POPTIONAL FILER REFERENCE DATA: | | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL FOOD! CCUNTRY COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral: ASSIGN collateral POSTAL FOOD! CCUNTRY ASSIGN collateral First personal name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL FOOD! CCUNTRY ASSIGN collateral First personal name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL FOOD ASSIGN collateral | CHANGED OR ADDED INFORMATION: Complete for Assignment or [7a. ORGANIZATION'S NAME | Party Information Change - provide of | nty one name (7a or) (use exact, | full name; do not o | mit, modify, or abbreviate any part of | the Debtor's name) |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL FOOD! CCUNTRY COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral: ASSIGN collateral POSTAL FOOD! CCUNTRY ASSIGN collateral First personal name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL FOOD! CCUNTRY ASSIGN collateral First personal name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL FOOD ASSIGN collateral | | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODI. COUNTRY COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral: ASSIGN collateral ASSIGN collateral ASSIGN collateral ASSIGN collateral ASSIGN collateral ASSIGN collateral POSTAL CODI. COUNTRY STATE POSTAL CODI. COUNTRY ASSIGN collateral ASSIGN collateral ASSIGN collateral Indicate collateral: SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL CODI. SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL CODI. SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL CODI. SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL CODI. SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL CODI. SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL CODI. SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL CODI. SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL CODI. SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL CODI. SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) POSTAL CODI. SAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: PROVIDE THIS AMENDMENT: | 7b. INDIVIDUAL'S SURNAME | | | Z. | | |
| MAILING ADDRESS CITY STATE POSTAL TODE COUNTRY COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) Page. ORGANIZATION'S NAME Oppenheimer Multifamily Housing & Healthcare Finance, Inc. PRINCIPLE OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) Principle of Assignor, if this is an Assignment of authorizing Debtor ADDITIONAL NAME Surname Oppenheimer Multifamily Housing & Healthcare Finance, Inc. | INDIVIDUAL'S FIRST PERSONAL NAME | | | | ··· | |
| MAILING ADDRESS CITY STATE POSTAL TODE COUNTRY COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) Page. ORGANIZATION'S NAME Oppenheimer Multifamily Housing & Healthcare Finance, Inc. PRINCIPLE OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) Principle of Assignor, if this is an Assignment of authorizing Debtor ADDITIONAL NAME Surname Oppenheimer Multifamily Housing & Healthcare Finance, Inc. | | | | 0 | | |
| COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) Page ORGANIZATION'S NAME Oppenheimer Multifamily Housing & Healthcare Finance, Inc. PRINCE PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX M POPTIONAL FILER REFERENCE DATA: | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | Y.S. | SUFFIX |
| COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) POPENHAME Oppenheimer Multifamily Housing & Healthcare Finance, Inc. POPENHAME PRINTING AND AND ADDITIONAL NAME (S)/INITIAL(S) SUFFIX M POPTIONAL FILER REFERENCE DATA: | MAILING ADDRESS | CITY | | ISTATE | IDOSTA CODI | COUNTRY |
| AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) Page Organization's Name Oppenheimer Multifamily Housing & Healthcare Finance, Inc. PELINDIVIDUAL'S SURNAME PETIONAL FILER REFERENCE DATA: | | - | | Johans | FOSTALTION | COUNTRY |
| PTIONAL FILER REFERENCE DATA: | | ADD collateral | DELETE collateral | RESTATE C | covered collateral A | SSIGN collateral |
| PTIONAL FILER REFERENCE DATA: | NAME OF SECURED PARTY OF RECORD AUTHORIZING f this is an Amendment authorized by a DEBTOR, check here and and page of the page | 6 THIS AMENDMENT: Produced by the provide name of authorizing | wide only <u>one</u> name (9a or 9l Debtor | b) (name of Ass | signor, if this is an Assignmen | S P |
| | 9a. ORGANIZATION'S NAME | Healthcare Fin | ance, Inc. | | | S P |
| | 9a. ORGANIZATION'S NAME Oppenheimer Multifamily Housing & 9b. INDIVIDUAL'S SURNAME | Healthcare Fin | ance, Inc. | | | S |

INTAGE

1533819031 Page: 2 of 3

UNOFFICIAL COPY

| UCC FINANCING STATEMENT AMENDMENT ADD FOLLOWINSTRUCTIONS | ENDUM |
|--|--|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment for 1107318092 Recorded 3/14/2011 | n |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment | form |
| Oppenheimer Multifamily Housing & Healthcare | |
| Finance, Inc. | |
| 12b. INDIVIDUAL'S SURNAME | · |
| FIRST PERSONAL NAME | |
| ADDITIONAL NAME(S)/INIT' L(S) | SUFFIX |
| Q _A | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |
| 13. Name of DEBTOR on related financing structure of a current Debtor of record re one Debtor name (13a or 13b) (use exact, full name to not omit, modify, or abbreviate any part | quired for indexing purposes only in some filing offices - see Instruction item 13): Provide only |
| 13a. ORGANIZATION'S NAME | or the Debtor's name); see instructions it name does not hit |
| Shoreham Apartment Associates Limited Partnersh | nip |
| OR 13b. INDIVIDUAL'S SURNAME FIRST PERS | ONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): | |
| ADDITIONAL INTEREST: Secretary of Housing & Urban Development U.S. Department of Housing & Urban Development 77 West Jackson Boulevard Chicago, IL 60604 USA | Punty Clark's Office |
| 15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral is filled as a fixture filling. 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): Shoreham Apartment Associates Limited Partnership. 2850 S. Michigan Avenue, #100 Chicago, IL 60616 USA | 17. Description of real estate: Bristol Apartments 3318 N. Lake Shore Drive Chicago, IL 60657 USA |
| 18. MISCELLANEOUS: | Please see attached Legal Description |

1533819031 Page: 3 of 3

UNOFFICIAL COPY

EXHIBIT "A"/SCHEDULE "A"

(Legal Description)

THE SOUTH 100 FEET OF THAT PART OF LOT 37 LYING WEST OF SHERIDAN ROAD IN R. SCHLOESSER'S LAKE SHORE SUBDIVISION BEING A RESUBDIVISION OF WALLBAUM'S SUBDIVISION OF LOT 23 IN PINE GROVE, A SUBDIVISION in FRACTIONAL SECTION 21, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PPN: 14-21-319-919, vol. 485

COMMON ADDRESSES 3318 N. Lakshore Drive, Chicago, Illinois