Firsel Ross LLC 2801 Lakeside Drive, Suite 207 Bannockburn, IL 60015 Attn: Michael C. Firsel DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the name will not fit in line 1b, leave all of ite not in land, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form Individual Name); if any part of the Debtor's name); if any part of the SB AD RESIDENTIAL II, LLC Individual Debtor information in item 10 of the Financing Statement Addendum (Form Individual Name); if any part of the Debtor's name); if any part of the Debtor's name); if any part of the Debtor's name); if any part of the name will not fit in line 2b, leave all of item 2 blank, check here and provide in Individual Debtor information in item 10 of the Financing Statement Addendum (Form Individual Debtor information in item 10 of the Financing Statement Addendum (Form Individual Debtor information in item 10 of the Financing Statement Addendum (Form Individual Debtor information in item 10 of the Financing Statement Addendum (Form Individual Debtor information in item 10 of the Financing Statement Addendum (Form Individual Debtor information in item 10 of the Financing Statement Addendum (Form Individual Debtor information in item 10 of the Financing Statement Addendum (Form Individual Debtor information in item 10 of the Financing Statement Addendum (Form Individual Debtor Information in item 10 of the Financing Statement Addendum (Form Individual Debtor Information In Item 2 of the Financing Statement Addendum (Form Individual Debtor Information In Item 2 of the Financing Statement Addendum (Form Individual Debtor Information In Item 2 of the Financing Statement Addendum (Form Individual Debtor Information In Item 2 of the Individual Debtor Information	Individual Debtor	name); if any part of the tr	VE SPACE IS FOR F		s LLC side Drive, Suite 207	Firsel Ross LI
name will not fit in line 1b, leave all of ite n 1 ank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the SB AD RESIDENTIAL II, LLC) 1a. ORGANIZATION'S NAME SB AD RESIDENTIAL II, LLC 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS 30 E. Randolph Street CITY Chicago CITY Chicago DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exac', full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form of the Individua	UCC1Ad)	ement Addendum (Form U			ael D. Firsel	Bannockburr. Attn: Michael
MAILING ADDRESS 30 E. Randolph Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exac", full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the name will not fit in line 2b, leave all of item 2 blank, check here and provide "ie Individual Debtor information in item 10 of the Financing Statement Addendum (Form			of the Financing Statem	te the Individual Debtor information in item 10	1b, leave all of ite n 1 hank, check here and S NAME	name will not fit in line 1b, le
DEBTOR'S NAME: Provide only gne Debtor name (2a or 2b) (use exac', full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the name will not fit in line 2b, leave alt of item 2 blank, check here and provide "le Individual Debtor information in item 10 of the Financing Statement Addendum (Form	SUFFIX	AL NAME(S)/INITIAL(S)	ADDITIONAL	FIRST PERSONAL NAME		
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exac', full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the name will not fit in line 2b, leave all of item 2 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form	COUNTRY		1	= * * *	ah Straat	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S)	SUFFiX			T _C	'S NAME	2a. ORGANIZATION'S NA
MAILING ADDRESS CITY STATE POSTAL CODE	COUNTRY	POSTAL CODE	STATE PO	CITY		MAILING ADDRESS
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Socured Party name (3a or 3b) 3a. ORGANIZATION'S NAME			Party name (3a or 3b)	CURED PARTY): Provide only one \$ curc1	I'S NAME	3a. ORGANIZATION'S NA
SC Arlington Downs Investors, LLC 3b, INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	IAL NAME(S)/INITIAL(S)	ADDITIONAL	FIRST PERSONAL NAME		
STATE POSTAL CODE	COUNTRY	POSTAL CODE	STATE PO	CITY		
MAILING ADDRESS 60 W. Main Street, Suite 140 Barrington 1L \$0010	USA				eet, Suite 140	

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) 6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien	e and check only one box:
Agricultural Lian	Mon-LICC Filing
	Twon-occ Tilling
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: To be recorded in Cook County, IL	

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UCC FINANCING STATEMENT ADDENDUM

FOLLOWINSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here	t; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
SB AD RESIDENTIAL II, LLC					
OD AD REGIDERTIAL II, LEG					
OR 9b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
TIMOTI ENGOINE COM					
ADDITIONAL NAME(S)/INI (IAL S)	SUFFIX				
90		THE ABOVE	SPACE	S FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10.) only one additional Debtor name	e or Debtor name that did not fit in	line 1b or 2b of the F	inancing S	statement (Form UCC1) (use	exact, full name;
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	e mailing address in line 10c				
10a. ORGANIZATION'S NAME	· ·				
OR HENRICH IN CUSTAME					
OR 10b, INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)) /	-			SUFFIX
(,,	T				
10c. MAILING ADDRESS	C(T)		STATE	POSTAL CODE	COUNTRY
	0.				
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIG	NOR SECUR D PARTY	S NAME: Provide	only <u>one</u> n	ame (11a or 11b)	
11a. ORGANIZATION'S NAME	77)x				
		-			
OR 116, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
ALL MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11c. MAILING ADDRESS	3,,,	, (C) ²			
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
12. ABBITTORAL di MOLT ONTI LA A (OSTIGUILI).			9		
				The second	
				(C)	
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	Le 144 This CINANCING STATE	MENT:			
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	the 14. This FINANCING STATE covers timber to be	· 	.ovtracted	collateral is filed as a	fixture filing
15, Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real estate		DAUGUIO	conditional [F] is the conditional to the condition	
(if Debtor does not have a record interest):					
				,	
				,	
				,	
17. MISCELLANEOUS:				,	

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EXHIBIT A TO UCC-1 FINANCING STATEMENT LEGAL DESCRIPTION

PARCEL 1:

LOT 5 IN ARLINGTON DOWNS, BEING A PLANNED UNIT DEVELOPMENT OF LOTS 11, 17 AND 18 IN ARLINGTON PARK OFFICE CENTRE, BEING A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 25 AND PART OF THE NORTHEAST 1/4 OF SECTION 26, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SAID ARLINGTON DOWNS, RECORDED JANUARY 3 2013 AS DOCUMENT 1300334039.

PARCEL 2:

LOT 3 IN ARLINGTON DOWNS, BEING A PLANNED UNIT DEVELOPMENT OF LOTS 11, 17 AND 18 IN ARLINGTON PARK OFFICE CENTRE, BEING A SUBDIVISION OF PART OF THE NORTH-WEST 1/4 OF SECTION 25 AND PART OF THE NORTH-EAST 1/4 OF SECTION 26, TOWNS'-11P 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SAID ARLINGTON DOWNS, RECORDED JANUARY 3, 2013 AS DOCUMENT 1300334039,

EXCEPTING THEREFROM THE FOLLOWING:

BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 3; THENCE NORTH 89 DEGREES 59 MINUTES 27 SECONDS WEST, ALONG THE SOUTH LINE OF SAID LOT, 356.04 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 33 SECONDS EAST, 244.00 FEET, TO AN INTERSECTION WITH THE NORTH LINE OF SAID LOT; THENCE SOUTH 89 DEGREES 59 MINUTES 27 SECONDS EAST, ALCING SAID LAST DESCRIBED NORTH LINE, 318.88 FEET TO A POINT OF CURVATURE THENCE EASTERLY, CONTINUING ALONG SAID LAST DESCRIBED NORTH LINE, BEING A CURVED LINE, CONCAVE SOUTH, HAVING A RADIUS OF 214.00 FEET, AN ARC LENGTH OF 44.61 FEET (THE CHORD TO SAID CURVED LINE BEARS SOUTH 84 OFGREES 01 MINUTES SECONDS EAST, 44.53 FEET) TO THE NORTHEAST CORNER OF SAID LOT 3, BEING ALSO A POINT OF CURVATURE; THENCE SOUTHERLY, ALONG THE EAST LINE OF SAID LOT 3, BEING A NON TANGENT CURVED LINE, CONCAVE EAST, HAVING A RADIUS OF 633.00 FEET, AN ARC LENGTH OF 95.02 FEET (THE CHORD TO SAID CURVED LINE BEARS SOUTH 04 DEGREES 18 MINUTES 35 SECONDS WEST, 94.93 FEET); THENCE SOUTH 00 DEGREES 00 MINUTES 33 SECONDS WEST CONTINUING THE POINT OF ALONG SAID LAST DESCRIBED EAST LINE, 144.70 FEET TO BEGINNING, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: A part of PIN 02-25-100-038-0000 and all of PIN 02-25-100-039-0000

Property Address: 3400 W. Euclid Ave., Arlington Heights, IL 60005