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CC FINANCING STATEMENT LOW INSTRUCTIONS		Doc# 2	2327	233008 Fee	\$55.00	
NAME & PHONE OF CONTACT AT FILER (optional)		DHSD FF	F:\$1E	.00 RPRF FEE: S	\$1.00	
Leila Lucevic (214) 745-5219		KAREN A				
E-MAIL CONTACT AT FILER (optional)						
Hucevic@winstead com		COOK CO				
SEND ACKNOWLEDGMENT TO: (Name and Address)	$\neg$ $\mid$	DATE: 0	9/29/	2023 10:50 AM	PG: 1 OF	
Winstead PC	<b>'</b>					
500 Winst and Building						
2728 N. Hai wood Street						
Dallas, Texas 75201						
Attention: Lelle Lacevic						
100						
	<u> </u>	HE ABOVE SPACE I	S FOR	FILING OFFICE US	E ONLY	
DEBTOR'S NAME: Provide only one Debtor in net a or 1b) (use exa fit in line 1b, leave all of item 1 blank, check here 1 - provide the lnd 1a ORGANIZATION'S NAME  919 W FULTON OFFICE CVV. 11	ividual Debtor information in item 10 of the Fu	te any part of the Debtor's n nancing Statement Addendu	ame); 11 un (Forn	any part of the individual 1	Jepton & marine w	
16 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITION	AL NAME(S)/INITIAL(S)	SUFFIX	
MAILING ADDRESS	CITY	STAT	TE.	POSTAL CODE	COUNTRY	
14 W. Superior, Suite 200	Chicago	II	_	60654	USA	
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact in line 2b, leave all of item 2 blank, check here and provide the Individual ORGANIZATION'S NAME	t, full name; do not nomit, modity, or abbreviate dual Debtor information in term 10 of the Finan	any part of the Debtor's na- icing Statement Addendum	me); if a (Form U	ny part of the Individual De CC1Ad)	btor's name will	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	NOFFED	IAL NAME(S)/INITIAL(S)	SUFFIX	
		*				
MAILING ADDRESS	CITY	STAT	FE	POSTAL CODE	COUNTRY	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNE  3a ORGANIZATION'S NAME	OR SECURED PARTY): Provide only one Sec	cured Pa ty name. (3a or 3b)				
BANK OZK			- A	*** **********************************	Leintry	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	יטווטי	KAL NAME(SVINITIAL(S)	SUFFIX	
MAILING ADDRESS	СПУ	STAT	re C	POSTAL CODE	COUNTRY	
3300 Douglas Avenue, Suite 900	Dallas	T	$\mathbf{x}^{-}$	15225	USA	

the Collateral are also covered.

5. Check only if applicable and check only one box: Collateral is held in a Trust (	(see UCC1Ad, item 17 and Instructions)   being ad	Intinistered by a Decedent's Personal Representative			
6a. Check only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction	A Debtor is a Transmitting Utility	6b. Check only if applicable and check only one box:  Agricultural Lien Non-UCC Filing			
7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor	Consignee/Consignor Sell	er/Buyer Bailee/Bailor Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA: County of Cook, Illinois	49265-1010				
	TACA) EN INC OFFICE COPY - NCC E	PINANCING STATEMENT (Form UCC1) (Rev. 04/20/			

2327233008 Page: 2 of 3

# **UNOFFICIAL COPY**

### UCC FINANCING STATEMENT ADDENDUM

9. 1	VAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b wa individual Debtor name did not fit, check here	as left blank bec	ause	1			
	9a. ORGANIZATION'S NAME			1			
	919 W FULTON OFFICE OWNER L						
	919 W FULTON OFFICE OWNER L	. <u></u>					
OR	9b. INDIVIDIJAL'S SURNAME						
	FIRST PERSONAL NAME						
	ADDITIONAL NAME/CVANUTAL(S)	<u> </u>	SUFFIX				
	10			THE ABOVE	SPACE IS FO	OR FILING OFFICE USE O	ONLY
10,	DEBTOR'S NAME: Provide (10a o. 10a) or to one additional Debtor name or Debtor modify, or abbreviate any part of the Debtor's names and enter the mailing address in fire		not fit in line 1b or	2b of the Financing S	tatement (Forn	n UCC1) (use exact, full name	; do not omit,
	10a ORGANIZATION'S NAME						
OR	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME		<del></del>		<del></del>		
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	7					SUFFIX
10c.	MAILING ADDRESS	C) Y	),		STATE	POSTAL CODE	COUNTRY
11.	☐ ADDITIONAL SECURED PARTY'S NAME of ☐ A	ASSIGNOR SI	CU'GE'D PART	Y'S NAME: Provide	only one name	(11a or 11b)	
OR	IIa ORGANIZATION'S NAME		77%		· ·	· · · · · · · · · · · · · · · · · · ·	······································
	11b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
llc.	MAILING ADDRESS	CITY		0,	STATE	POSTAL CODE	COUNTRY
12.	ADDITIONAL SPACE FOR FIEM 4 (Collateral)	<u> </u>			-0		<u> </u>
					0.		
						199	
	This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	L	ANCING STATES imber to be cut	AENT:    covers as-extra	cted collateral	is filed sa exture fil	ing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):			on of real estate:		4 -		
		See Ex	nibit "A"	attached he	ereto.		
17.	MISCELLANEOUS:						

## UNOFFICIAL C

Debtor Name: 919 W FULTON OFFICE OWNER LLC

Item No. 16 continued:

#### **EXHIBIT A**

### **Legal Description**

### Parcel 1:

Lots 3, 4, 5, 6, 9, 10, 15 and 16 in Block 21 in Carpenter's Addition to Chicago, being a Subdivision of the Southeast 1/4 of Section 8, Township 39 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

and,

Part of Lot 14 in Block 21 in Carperter's Addition to Chicago in the Southeast 1/4 of Section 8, Township 39 North, Range 14 East of the Third Pangipal Meridian, lying West of the Southerly extension of the East line of Lot 10 in Block 21 in said Carpenter's Addition to Chicago, in Cook County, Illinois.

#### Parcel 2:

Non-exclusive easements for the benefit of Parcel 1 as contained in the Declaration of Covenants, Conditions, Easements and Restrictions dated  $\frac{9/20}{200}$  and recorded  $\frac{9/29/2003}{200}$ , as document number 2327233000 by 919 W Fulton Partners LLC, a Delaware limited liability C/O/H/S O/F/CO company, Declarant.

#### Permanent Index Nos.:

17-08-424-017-0000 - (Lot 3 & part of Lot 4)

17-08-424-016-0000 - (part of Lot 4)

17-08-424-001-0000 - (Lot 5)

17-08-424-018-0000 - (Lot 6 & part of Lot 4)

17-08-424-006-0000 - (Lot 9)

17-08-424-007-0000 - (Lot 10)

17-08-424-013-0000 - (Affects Lot 15, part of Lot 14 and other property)

17-08-424-012-0000 - (Lot 16)