

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JUL 15 AM 11:41

MICHAEL A. BROWN

ADNAME & PHONE OF CONTACT (optional) <i>Holly (219) 662-8700</i>	FILING OFFICE ACCT # <i>2005 000639</i>
BORETURN TO: (Name and Address) <i>Indiana Title Network 325 N. Main St. Crown Point, IN 46307 File #33620</i>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME <i>Southlake Development Inc.</i>				
OR	1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2 INFORMATION OPTIONS (relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
<i>2001-977</i>	<i>8-15-01</i>	<i>UCC</i>
<i>2003-8</i>	<i>1-3-03</i>	<i>UCC AMD</i>
<i>2003-107</i>	<i>1-21-03</i>	<i>UCC AMD</i>
<i>2003-348</i>	<i>4-3-03</i>	<i>UCC AMD</i>

3 ADDITIONAL SERVICES:

3300

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a Pick Up
 4b Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)