			LAKE COUNT FILED FOR RECORT	
	2005	000663	2005 JUL 25 PM I2: 50	
NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREFULLY			MICHA! 1 370WN	
DNAME & PHONE OF CONTACT (optional) Amy 365-4082 OR Kar DRETURN TO: (Name and Address) The Pap	en 365 4864 Filing OFFICE ACCT #			
9505 Ge St. Joh	t Indiana, Inc. nevieve Drive nn, IN 46373		CE IS FOR FILING OFFIC	E USE ONLY
1aCDRGANIZATION'S NAME	rt only one debtor name (1a or 1b) - do not abbrevi	ate or combine names		
15/1NDIVIDUAL'S LAST NAME	rby Manor, L.P	DE .	MOOLE NAME	SUFFEX
Select one of the following two opti	CERTIFIED (Optional)		nal identifulna informatio	D (if required)
Record Number	Date Record Filed (if required	Type of Record and Addition	nal identifying information	n (if required)
		Nothing on	dilo	
		0	<u> </u>	
ADDITIONAL SERVICES:				
	•	Thru date	1-22-	05

FILING DEFICE COPY (1) __ NATIONAL INFORMATION REGIJEST (FORM LICC11) (REVIDE/109/01)