

LAKE COUNTY  
FILED FOR RECORD

2005 JUN -9 PM 3:11

MICHAEL BROWN  
RECORDER

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
DAWN L. MORARIO (219) 942-1175

2005 000711

B. SEND ACKNOWLEDGMENT TO: (Name and Address)  
HFS BANK, F.S.B.  
555 EAST THIRD STREET  
HOBART, IN 46342-0487  
*see oversize attachments*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
MCCARROLL		CHARLES	T	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
11649 WEST VALLEY DRIVE		CROWN POINT	IN	46307
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
MCCARROLL		FIONA	C	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
1649 WEST VALLEY DRIVE		CROWN POINT	IN	46307
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
HFS BANK, F.S.B.				
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
555 EAST THIRD STREET		HOBART	IN	46342-0487
				COUNTRY
				USA

4. This FINANCING STATEMENT covers the following collateral:  
ALL ACCOUNTS RECEIVABLE, INVENTORY, EQUIPMENT, FURNITURE AND FIXTURES OF WHATEVER KIND OR NATURE, WHEREVER LOCATED, NOW OWNED OR HEREAFTER ACQUIRED, AND ALL RETURNS, REPOSSESSIONS, EXCHANGES, SUBSTITUTIONS, REPLACEMENTS, ATTACHMENTS, PARTS, ACCESSORIES AND ACCESSIONS, THERETO AND HEREOF, AND ALL PROCEEDS THEREOF, (WHETHER IN THE FORM OF CASH, INSTRUMENTS, CHATTEL PAPER, GENERAL INTANGIBLES, ACCOUNTS OR OTHERWISE).

SEE ATTACHED ADDENDUM

5. ALTERNATIVE DESIGNATION (if applicable):  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)  All Debtors  Debtor 1  Debtor 2 (ADDITIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA  
30-5844112,30324



**UCC FINANCING STATEMENT ADDENDUM**

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9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT **2005 000711**

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
MCCARROLL	CHARLES	T

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME			
OR			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

12.  ADDITIONAL SECURED PARTY'S or  ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME			
OR			
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers  timber to be cut or  as-extracted collateral, or is filed as a  fixture filing.

14. Description of real estate:

LOT 12, RAVENWOOD BUSINESS CENTER, PHASE TWO, AN ADDITION TO THE TOWN OF ST. JOHN, RECORDED IN PLAT BOOK 87, PAGE 33 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

SHOPS OF RAVENWOOD SQUARE, LLC  
359 EAST MUNZ ROAD  
CRETE IL, 60417

17. Check only if applicable and check only one box.

Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
- Filed in connection with a Manufactured-Home Transaction -- effective 30 years
- Filed in connection with a Public-Finance Transaction -- effective 30 years