1a. ORGANIZATIONS I HK Weston Prop 1b. INDIVIDUAL SLAST  c. MAILING ADDRESS 1125 S. Walnut Street d. SEE INSTRUCTIONS	PAME Derties, LLC NAME  et  ADD'L INFO RE ORGANIZATION DEBTOR  OR'S EXACT FULL NAME	-insert only gne debtor name (1s or 1t	CITY South Bend 1f. JURISDICTION OF C	RGANIZATION	STATE IN 19. ORG	POSTAL CODE  46619  UNIZATIONAL ID #, If any 11800481	SUFFIX COUNTRY U.S.
1a. ORGANIZATION'S I HK Weston Prop ib. INDIVIDUAL'S LAST c. MAILING ADDRESS 1125 S. Walnut Street d. SEE INSTRUCTIONS	PAME Derties, LLC NAME  et  ADD'L INFO RE ORGANIZATION DEBTOR  OR'S EXACT FULL	10. TYPE OF ORGANIZATION Limited Liability Co.	CITY South Bend 1f. JURISDICTION OF C	RGANIZATION	STATE IN 19. ORG	POSTAL CODE 46619 UNIZATIONAL ID #, If any	SUFFIX COUNTRY U.S.
1a. ORGANIZATION'S I HK Weston Prop 1b. INDIVIDUAL'S LAST c. MAILING ADDRESS 1125 S. Walnut Street	perties, LLC NAME  et  ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZATION	FIRST NAME  CITY  South Bend  11. JURISDICTION OF C	ienames	STATE IN 19. ORGA	POSTAL CODE 46619 UNIZATIONAL ID #, If any	SUFFIX COUNTRY U.S.
HK Weston Prop 1b. INDIVIDUAL'S LAST i. MAILING ADDRESS	Derties, LLC NAME et		FIRST NAME  CITY  South Bend	ienames	MIDDLE STATE	POSTAL CODE 46619	SUFFIX COUNTRY U.S.
18. ORGANIZATION'S I HK Weston Prop 16. INDIVIDUAL'S LAST	NAME Derties, LLC NAME	-insertonly <u>one</u> deblor neme (1s or 1l	FIRST NAME		MIDDLE	POSTAL CÓDE	SUFFIX
HK Weston Prop	NAME	- insert only <u>one</u> debtor neme (1e or 1	FIRST NAME		MIDDLE	NAME	SUFFIX
1a. ORGANIZATION'S	NAME	-insertonly <u>one</u> debtorneme (1s or 1t					
1a. ORGANIZATION'S	NAME	-insertonly <u>one</u> debtor neme (1a or 1t					
1a. ORGANIZATION'S	NAME	-insertonly <u>one</u> debtor name (1s or 1t	o) - da not abbreviate or combi		PACE IS FO	R FILING OFFICE US	SE ONLY
		-insert only <u>one</u> debtor name (1s or 1	o) - do not abbrevizte or combi		PACE IS FO	R FILING OFFICE U	SE ONLY
No.				THE ABOVE SA	PACE IS FO	R FILING OFFICE US	SE ONLY
Wilmington,							
Corporation :	Service Compan	y					
SEND ACKNOWLED	GMENT TO: (Nan	ne and Address)					
NAME & PHONE OF	CONTACT AT FILE	ER [optional]				Fi	
DLLOW INSTRUCTIO	NS (front and back	50.4			MCEV	VII A * 5	
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			0005	100001			
						FILED	FOR REC
						1.74	E COUNTERED

2f. JURISDICTION OF ORGANIZATION

CITY

New York

2g. ORGANIZATIONAL ID #, # any

POSTAL CODE

10022

STATE

NY

NONE

COUNTRY

U.S.

c/o Laurus Capital Management, LLC 825 Third Ave., 14th Fl.
4. This FINANCING STATEMENT covers the following collecters:

2d. SEEINSTRUCTIONS

3c, MAILING ADDRESS

OR 36. INDIVIDUAL'S LAST NAME

All assets and personal property of the Debtor, whether now owned and/or hereafter acquired.

ADD'L INFO RE 25. TYPE OF ORGANIZATION DEBTOR

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

3e. ORGANIZATION'S NAME

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-U	CC FILING		
6. This FINANCING STATEMENT is to be filed for record) (or recorded) is ESTATE RECORDS. Attach Addendum	if applicable 7. Check to RE	QUEST SEARCH REPOR	RT(S) on Debtor(s) lootional	All Debtors	Debtor 1	Debtor 2		
8. OPTIONAL FILER REFERENCE DATA			COLUMN TO THE REAL PROPERTY.	,				
IN - Lake County		670522/007						