· · · · · ·				
	ENDMENT			
UCC FINANCING STATEMENT AM				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
UCC DEPARTMENT 1-888-427-8713				
B. SEND ACKNOWLEDGMENT TO: (Name and Address	-			
JOHN DEERE CREDIT 6400 NW 86TH STREET				
P.O. BOX 6630				
JOHNSTON, IA 50131				
1a. INITIAL FINANCING STATEMENT FILE#	THE		IS FOR FILING OFF	FICE USE ONLY
FILE NBR: 200502285990 DATE: 05/0-	4/2005			d] (or recorded) in the
2. TERMINATION: Effectiveness of the Financing Stateme	nt identified above is terminated with respect to security int	erest(s) of the Sec		
3. CONTINUATION: Effectiveness of the Financing Statel continued for the additional period provided by applicable		of the Secured Par	ty authorizing this Conti	nuation Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in	item 7a or 7b and address of assignee in item 7c; and also	give name of assi	gnor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendm			· · · · · · · · · · · · · · · · · · ·	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate the detailed income		-	T ADD name: Complete:	tom 7a ar 7h, and also itom 7a
CHANGE name and/or address: Please refer to the detailed inst in regards to changing the name/address of a party.	ructions DELETE name: Give record nan to be deleted in item 6a or 6b.	le L	also complete items 7e-	tem 7a or 7b, and also item 7c. -7g (if applicable)
6. CURRENT RECORD INFORMATION: 6a ORGANIZATION'S NAME				
Sanwood Estates Condominiums Trus				
65. INDIVIDUAL'S LAST NAME	FIRST NAME	M	IDDLE NAME	SUFFIX
7a ORGANIZATION'S NAME				
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME		IIDDLE NAME	SUFFIX
				į
7c. MAILING ADDRESS	CHTY	S	TATE POSTAL COD	E COUNTRY
7d. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 7e TYPE OF O	RGANIZATION 7f. JURISDICTION OF ORGANIZAT	IION 7	g. ORGANIZA HONAL II	D# if any
ORGANIZATION DEBTOR	A SURPLINE OF GROWN AND AND AND AND AND AND AND AND AND AN	IION /	y. ONGANIZATIONAL II	NONE
B. AMENDMENT (COLLATERAL CHANGE): check only on	ne box.			
Describe collateral deleted or added, or give entire		assigned.		
NAME OF SECURED PARTY OF RECORD AUTHOR				
adds collateral or adds the authorizing Debtor, or if this is a Terr 9a. ORGANIZATION'S NAME	mination authorized by a Debtor, check here and enter	name of DEBTO	≺ authorizing this Ameno	dment.
DEERE & COMPANY 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	M	IDDLE NAME	SUFFIX
10.0PTIONAL FILER REFERENCE DATA	220 04/24/2025			
SOS RI REFERENCE NUMBER: 972	250 04/24/2007			