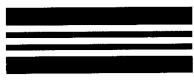
UCC FINANCI		MENT AMENDME	NT					
A. NAME & PHONE OF CO								
Richard M. Coe	en, Esq. 401-8	31-8330						
B. SEND ACKNOWLEDGM	MENT TO: [Name an	d Address]						
Richard M	I. Coen, Esq.		Ш					
	evinson LLP							
One Citize Suite 110								
	e, RI 02903							
<u> </u>				THE ABOVE SPACE	IS FOR F	ILING OFFICE USE	ONLY	
1a, INITIAL FINANCING	STATEMENT FILE#	:			1b. TH	E FINANCING STATEMENT	AMENDMENT is	
200604402240						to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
2. TERMINATION: E	flectiveness of the Financi	ng Statement identified above is tern	ninated with resp	ect to security interest(s) if the Secured	Party author	izing this Termination Statem	ent.	
	Effectiveness of the Finan ional period provided by a		respect to secur	rity interest(s) of the Secured Party auth	nonzing this C	ontinuation Statement is		
4. Z ASSIGNMENT (tul	or partial): Give name of	assignee in item 7a or 7b and addres	ss of assignee in	item 7c; and also give name of assigno	or in item 9.			
				Party of record. Check only one of the	se two baxes			
CHANGE name and/or	address: Give current rec	ide appropriate information in items 6 ord name in item 6a or 6b; also give ew address (if address change) in ite	new 🗌	DELETE name. Give record name to be deleted in item 5a or 6b.		Diname: Complete item in 7a n 7c, also complete items 7d		
6. CURRENT RECORD 6a. ORGANIZATION'S						A 444		
OR VC Land, Ll	_C				1400151	1224	SUFFIX	
6b. INDIVIDUAL'S LAS	ST NAME		FIRST NAME		MIDDLE NAME		BOTTIA	
7. CHANGED (NEW) O	R ADDED INFORMA	ATION:						
7a. ORGANIZATION'S		untoo						
Wells Fargo Bank, N.A., trustee 7b, INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX	
	75, 1151135125 2161 3415				STATE POSTAL CODE CO		COUNTRY	
7c. MAILING ADDRESS			Provide	CITY Providence		POSTAL CODE 02903	USA	
155 Westminster Street, 8th Floor 7d. TAX ID #. SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION		71. JURISDICTION OF ORGANIZATION		RI 02903 USA				
NOT REQUIRED IN RHODE ISLAND	ORGANIZATION DEBTOR	trust company	United	States of America			NON	
8. AMENDMENT (COLI	ATERAL CHANGE)	check only one box.		or describe collateral assigned.				
Describe collateral de	eleted oradded,	or give entire restated collat-	erar description, o	or describe consterairassigned.				
See Exhibit A	•							
9. NAME OF SECURED	PARTY OF RECOP	RD AUTHORIZING THIS AME	NDMENT (na	me of assignor, if this an Assignment). d enter name of DEBTOR authorizing the	If this is an A	mendment authorized by a D	lebtor which adds	
9a. ORGANIZATION'S		ernandion authorized by a Debtor, cr		O BILLS TRAINE OF DEDITION AND ADDRESS OF THE ADDRE				
VC Land, L	LC						<u></u>	
96. INDIVIDUAL'S LA	ST NAME		FIRST NAMI	E	MIDDLE	NAME	SUFFIX	
10. OPTIONAL FILER	REFERENCE DATA		1				<u></u>	
		Secretary of State						



UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

12.	NAME OF PARTY AUTHORIZING	AMENDME	NT (same as item 9 o	n Amendment form)						
	Eric Goetz Custom Sailboats, Inc.									
<u>OR</u>	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME, SUFFO						

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Use this space for additional information

Exhibit A

All property, whether real or personal, leased by VC Land, LLC to Eric Goetz Custom Sailboats, Inc. from time to time, and any and all proceeds thereof.