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	ING STATEMENT AMENDME	NT				
	OF CONTACT AT FILER (optional) 331-3282 Fax: (818) 662-4141		7			
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS Glendale Customer Service@wolterskluwer.com						
		WALKER &	-{			
CT Lien Sol		801084				
P.O. Box 29	9071					
Glendale, C	A 91209-9071 RIF	रा				
1						
	File with: Secretary of State, RI				OR FILING OFFICE L	-
	G STATEMENT FILE NUMBER 11/9/2005 SS RI		(or recorded) in the	REAL ESTATE	IENDMENT is to be filed ERECORDS rm UCC3Ad) <u>and</u> provide De	•
2. TERMINATION:	Effectiveness of the Financing Statement identified a	bove is terminated with	· · · · · · · · · · · · · · · · · · ·		·	
Statement						
	full or partial): Provide name of Assignee in item 7a innent, complete items 7 and 9 <u>and</u> also indicate affe			ne of Assignor in	n item 9	
	N: Effectiveness of the Financing Statement identified a additional period provided by applicable law	above with respect to	the security interest(s) of Se	ocured Party aut	horizing this Continuation	n Statement is
5. 🗌 PARTY INFORM	MATION CHANGE:	-1				
Check one of these tw	To boxes.	ck one of these three bo CHANGE name and/or	address: CompleteAD	D name: Comple or 7b, <u>and</u> item 1	ete itemDELETE nam	e: Give record name in item 6a or 6b
This Change affects 6. CURRENT RECORD	Debtor or Secured Party of record DinFORMATION: Complete for Party Information Ch	item 6a or 6b; <u>and</u> item ange - provide only <u>on</u>		Or 70, and Rein	cto be deleted	RI NOSTI GA OF OD
6a. ORGANIZATION	'S NAME		-			
OR 6b. INDIVIDUAL'S SU	E UNITED CHURCH HOUSING, INC.	FIRST PERSON	IAI MANC	LADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
66. INDIVIDUAL'S SC	UKNAME	FIRST PERSON	AND NAME	ADDITA	NAL NAME(SYMITIAL(S)	SUPPIX
7. CHANGED OR ADD	ED INFORMATION: Complete for Assignment or Party Informs	tion Change - provide only	one name (7a or 7b) (use exact, full	name; do not omit, n	nodify, or abbreviate any part of t	he Debtor's name)
7a. ORGANIZATION	s маме inlop, LLC, a Delaware limited liability :	company				
OR 76. INDIVIDUAL'S SU						
INDIVIDUAL'S FI	RST PERSONAL NAME					
INDIVIDUAL'S AD	DDITIONAL NAME(SYINITIAL(S)					SUFFIX
MONDOALSAL	on order mane (a) militaria					100,710
7c. MAILING ADDRESS	MAILING ADDRESS CITY			STATE	POSTAL CODE	COUNTRY
7501 Wisconsin A	venue, Suite 1200E	Bethesda		MD	20814-6531	USA
3. COLLATERAL C	CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collatera
Indicate collatera	al:					
	ED PARTY OF RECORD AUTHORIZING THIS introduction of DEBTOR, check here and property of the DEBTOR.	S AMENDMENT: Provide name of authorize		9b) (name of As	signor, if this is an Assigni	ment)
9a. ORGANIZATION	SNAME	or action of accurate				
CWCAPITAL						.
9b. INDIVIDUAL'S SU	IRNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX
	REFERENCE DATA: Debtor Name: PEACE D	ALE UNITED CHU	JRCH HOUSING, INC.	1		
39801084	Peace Dale House				016-11034	