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UCC FINANCING STATEMENT AMEND	MENT				
FOLLOW INSTRUCTIONS		<b>-</b>			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-	5294	-pm			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858- B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)  85805821 - 358660 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  Fil	ointo	<del>ب</del>			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	യറുപ്പ				
85805821 - 358660	<b>9</b> - –	1 <b>l</b>			
Corporation Service Company 801 Adlai Stevenson Drive					
Springfield, IL 62703 Fil	ed In: Rhode Island				
<b> </b>	(S.O. <u>S.)</u>				
1a. INITIAL FINANCING STATEMENT FILE NUMBER				R FILING OFFICE USE NDMENT is to be filed [for	
200401299250 06/11/2004		(or recorded) in the	e REAL ESTATE I		•
TERMINATION: Effectiveness of the Financing Statement ider Statement	ntified above is terminate	d with respect to the security	interest(s) of Sec	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in ite     For partial assignment, complete items 7 and 9 and also indicate			name of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement in			of Secured Party	authorizing this Continuati	on Statement is
continued for the additional period provided by applicable law					
PARTY INFORMATION CHANGE:  Check one of these two boxes:  AND	Check one of these thre	a boxes to:			
This Change affects Debtor or Secured Party of record	CHANGE name and	or address: CompleteA	DD name: Comple a or 7b, <u>and</u> item 7		Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inform		nly <u>one</u> name (6a or 6b)			
6a. ORGANIZATION'S NAMECREST SURFACES, LLO	3				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERS	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or I	Party Information Change - prov	ide only one name (7a or 7b) (use exa	ict. full name: do not on	nit modify or abbreviate any part of	of the Debtor's name)
7a. ORGANIZATION'S NAME		<del>/_</del> , ,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR 75 INDIVIDUAL'S SURNAME	·				
INDIVIDUAL'S FIRST PERSONAL NAME					
NDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
institution is a result of the second of the					SOFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE c	overed collateral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING			or 9b) (name of Ass	signor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and an organization's NAME Santander Bank, N.A. FN	d provide name of author  IA Sovereign Ba				
OR	Covereign be	ons, 1433.			
9b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITION	NAL NAME(\$)/INITIAL(\$)	SUFFIX
10 OPTIONAL FILER REFERENCE DATAGES? Dobto-OF	EST SUBSACE	E 110	<u> </u>		
10. OPTIONAL FILER REFERENCE DATA: 9553 Debtor: CF	KEST SUKFACE	:3, LLU			85805821