UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	T				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)  98079658 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Ri		om			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u>rinto</u>	Ϋ́			
98079658 - 372200 Corporation Service Company	,				
801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed In: RI	hode Island (S.O.S.)				
	()	THE ABOVE SPA		R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200502698600 08/31/2005		This FINANCING STATEMENT AMENDMENT is to be filed [for record]     (or recorded) in the REAL ESTATE RECORDS     Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13			
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement					
<ol> <li>ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8</li> </ol>					
4. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law	bove with respec	t to the security interest(s) of Sec	ured Party	authorizing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:  AND Check on	e of these three b	oxes to:			
Check one of these two boxes.	NGE name and/or	address: CompleteADD nan	ne: Comple and item 7		Give record name em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Char	nge - provide onty	one name (6a or 6b)			
6a. ORGANIZATION'S NAMEPark Management - 295, Inc.					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	RST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat  7a. ORGANIZATION'S NAME	tion Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not on	nit, modify, or abbreviate any part of	the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME		- Marine or			<del></del>
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					TSUFFIX
INDIVIDUAL 5 ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes.	Collateral	DELETE collateral R	ESTATE C	overed collateral A	SSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI If this is an Amendment authorized by a DEBTOR, check here and provide r	MENDMENT: I		ame of Ass	signor, if this is an Assignmen	nt)
9a ORGANIZATION'S NAME Citizens Bank, N.A. Formally Kr					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Park Managem	ı nent - 295,	Inc.			98079658