	CC FINANCING STATEMENT AMENDMENDILLOWINSTRUCTIONS	NT					
Α	NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-5294						
В	E-MAIL CONTACT AT FILER (optional)		$\rho_{U}$				
c	SPRFiling@cscinfo.com  SEND ACKNOWLEDGMENT TO: (Name and Address)	-info.	1				
	Corporation Service Company 1-800-858-5294  E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com  SEND ACKNOWLEDGMENT TO: (Name and Address)  102618356 - 358660 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261  Filed In: R	;c,,, _					
ı	Corporation Service Company 801 Adiai Stevenson Drive	•					
	Springfield, IL 62703-4261 Filed In: R	Rhode Island					
ı		(S.O.S.)	THE ABOVE SPA	ACE IS FO	OR FILING OFFICE USE	ONLY	
	. INITIAL FINANCING STATEMENT FILE NUMBER 00502806690 10/3/2005			MENT AMI	ENDMENT is to be filed [for		
2.	TERMINATION: Effectiveness of the Financing Statement identified abo	ove is terminated	<del></del>		rm UCC3Ad) <u>and provide Debt</u> cured Party authorizing this		
_	Statement						
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9     For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8						
4.	4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law						
5.	5. PARTY INFORMATION CHANGE:						
	Check one of these two boxes:  AND Check one of these three boxes to:  CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record  The Change affects Debtor or Secured Party of record  The Check one of these three boxes to:  CHANGE name and/or address: Complete The Change affects Debtor or Secured Party of record  The Check one of these three boxes to:  CHANGE name and/or address: Complete The Change affects Debtor or Secured Party of record name The Check one of these three boxes to:  CHANGE name and/or address: Complete The Change affects Debtor or Secured Party of record name The Check one of these three boxes to:						
-	5. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)						
	6a. ORGANIZATION'S NAMEEItahan Properties LLC						
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFI		
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ation Change - provide	only one name (7a or 7b) (use exact, full n	ame: do not or	mit, modify, or abbreviate any part of	f the Debtor's name)	
	7a. ORGANIZATION'S NAMEEItahan Properties, LLC						
OR	7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						<u>.</u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX	
7c.	MAILING ADDRESS 1112 Charles St	North Pro	vidonoo	STATE	POSTAL CODE	COUNTRY	
ء (	TOOLLATERAL CHANCE.	<u>. I </u>		RI	02904	USA	
8. [	indicate collateral:	D collateral	DELETE collateral f	RESTATE O	overed collateral	ASSIGN collateral	
ΑII	Assets						
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A			name of As	signor, if this is an Assignme	nt)	
١	this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a ORGANIZATION'S NAMESantander Bank, N.A. FNA Sovereign Bank						
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON		TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
		I INSTITERSON					
10.	OPTIONAL FILER REFERENCE DATA 9553 Debtor: Eltahan F	Properties L	LC		<del>-</del>	102618356	