UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS	т				
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) 105097594 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rh	۰- ۵۲	h			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	(10.00)	1			
105097594 - 372200	· ¬				
Corporation Service Company 801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed In: Rh	node Island (S.O.S.)				
	(3.0.3.)		ACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 725133 02/26/2001	,	(or recorded) in the RE	AL ESTATE I	NDMENT is to be filed (for RECORDS m UCC3Ad) <u>and</u> provide Debto	•
TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated w				
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					
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respect	to the security interest(s) of S	ecured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:					
CHAN	of these three bo GE name and/or a	ddress: CompleteADD r	name: Comple 75, <u>and</u> item 7		Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAMEDebtor = CHELO PROPERTIES	ge - provide only		ro, <u>and</u> item 7	to be defeted in	tern ba bi bb
08	o, L.L.C.				
8b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information and ORGANIZATION'S NAME	ion Change - provide o	only <u>one</u> name (7a or 7b) (use exact, ful	I name; do not or	nit, modify, or abbreviate any part o	f the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME		·			
INDIVIDUAL'S FIRST PERSONAL NAME	-				:0'015- ·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIÄL(S)					SUFFIX
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 THIS AM	MENDMENT: P	rovide only one name (9a or 9b	(name of As	signor if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and provide n 9a. ORGANIZATION'S NAMECItizens Bank, N.A. Formally Kn	name of authorizin	g Debtor		U	
OR 96 INDIVIDUAL'S SURNAME			Trans-		
30. HADIAIDONE 2 20KINAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: CHELO PROPI	ERTIES, L.	L.C.	-		105097594