| *  |  |   |   |  |                                   |
|--|--|---|---|--|-----------------------------------|
| UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS   | ENT  |   |   |  |                                   |
| A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-529   | )4   | ]   |   |  |                                   |
| Corporation Service Company  B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  106067287 - 358660 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  Filed In   | COU  |   |   |  |                                   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  | 40.5 _   | =   |   |  |                                   |
| 106067287 - 358660<br>  Corporation Service Company  | l  |   |   |  |                                   |
| 801 Adlai Stevenson Drive<br>Springfield, IL 62703 Filed II  | n: Rhode Island                                      |   |   |  |                                   |
| L filling  | (S.O.S.)   | THE AROVE                                       | SPACE IS FO                             | OR FILING OFFICE USE   | ONI Y                             |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201009416650 12/31/2010  |  | 1b. This FINANCING ST<br>(or recorded) in the F | ATEMENT AM<br>REAL ESTATE               | ENDMENT is to be filed (fo<br>RECORDS                            | record]                           |
| 2. TERMINATION: Effectiveness of the Financing Statement identified  | above is terminated                                  |   |   | rm UCC3Ad) <u>and</u> provide Deb<br>cured Party authorizing thi |                                   |
| Statement  3. ASSIGNMENT (full or partial): Provide name of Assignee in item 74  | a or 7b, <u>and</u> address o                        | f Assignee in item 7c <u>and</u> na             | me of Assigno                           | r in item 9  |                                   |
| For partial assignment, complete items 7 and 9 and also indicate affect.  4. \[ \int \] CONTINUATION: Effectiveness of the Financing Statement identification.   | cted collateral in item                              | 8   | -                                       |  | ion Statement is                  |
| continued for the additional period provided by applicable law   | ed above with respec                                 | no the security interest(s) of                  | Secured Faity                           | authorizing this Continuat                                       | on Statement is                   |
| CHECK ONE OF THESE (WO DOXES.  | ck <u>one</u> of these three t                       |   |   |  |                                   |
| This Change affects Debtor or Secured Party of record  | CHANGE name and/or<br>item 6a or 6b; <u>and</u> item | 7a or 7b <u>and</u> item 7c7a o                 | name: Compl<br>or 7b, <u>and</u> item 7 |  | Give record name<br>item 6a or 6b |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information  6a. ORGANIZATION'S NAMELA POBLANITA LLC   | Change - provide only                                | one name (6a or 6b)                             |   |  |                                   |
| OR 6b. INDIVIDUAL'S SURNAME  | FIRST PERSO  | NAL NAME  | ADDITIO                                 | NAL NAME(S)/INITIAL(S)   | SUFFIX                            |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In 7a. ORGANIZATION'S NAME   | nformation Change - provide                          | only <u>one</u> name (7a or 7b) (use exact,     | full name; do not o                     | mit, modify, or abbreviate any part                              | of the Debtor's name)             |
| OR 75. INDIVIDUAL'S SURNAME  |  |   |   |  |                                   |
| INDIVIDUAL'S FIRST PERSONAL NAME   |  |   |   |  |                                   |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(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                                 | covered collateral   | ASSIGN collateral                 |
| Indicate collateral:   |  |   |   |  |                                   |
|  |  |   |   |  |                                   |
|  |  |   |   |  |                                   |
|  |  |   |   |  |                                   |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH  |  |   | 9b) (name of As                         | signor, if this is an Assignm                                    | ent)                              |
| If this is an Amendment authorized by a DEBTOR, check here and pro  9a. ORGANIZATION'S NAMESantander Bank, N.A. FNAS   | vide name of authorizi<br>Sovereign Ban              |   |   | <del></del> .  |                                   |
| OR 9b. INDIVIDUAL'S SURNAME  | FIRST PERSOI   | IAL NAME  | ADDITIO                                 | NAL NAME(S)/INITIAL(S)   | SUFFIX                            |
| 10. OPTIONAL FILER REFERENCE DATA:0473 Debtor:LA PC  | BI ANITA I I (                                       | <u> </u>  |   |  |                                   |
| The second of th | SECTION A LEG  |   |   |  | 106067287                         |