| UCC FINANCING STATEMENT AMENDMENT  FOLIOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional)  A. NAME & PHONE OF CONTACT AT FILER (optional)  B. EMAIL CONTACT AT FILER (optional)  Ioanoperations@rocklandtrust.com  C. SERPA ACKNOWLEDGMENT TO: (Name and Address)  Rockland Trust Company 30 South Main Street  Middleboro, M.A. 02346  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL FRANCING STATEMENT FILE NUMBER  ##2011009385550 filed 12/28/2010  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL FRANCING STATEMENT FILE NUMBER  ##2011009385550 filed 12/28/2010  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL FRANCING STATEMENT FILE NUMBER  ##2011009385550 filed 12/28/2010  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL FRANCING STATEMENT AMENDMENT is to be filed for record)  (or recorded) in the REAL ESTATE RECORDS  ##2011009385550 filed 12/28/2010  1b. THE RIMINATION: Provision among Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement conflicted for the additional period provided by applicabilishment conflicted in the security interest(s) of Secured Party authorizing this Continuation Statement conflicted for the additional period provided by applicabilishment conflicted for the security interest(s) of Secured Party authorizing this Continuation Statement conflicted for the security interest(s) of Secured Party authorizing this Continuation Statement conflicted for the security interest(s) of Secured Party authorizing this C |  |   |                          |  |                    |
|--|--|---|--------------------------|--|--------------------|
| Kathleen Gude 508-946-8766  B. E-MAIL CONTACT AT FILER (optional) toanoperations(@) rocklandtrust.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Rockland Trist Company 30 South Main Street Middleboro, MA 02346  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL |  |   |                          |  |                    |
| B. E-MAIL CONTACT AT FILER (optional)    Donoperations(g) rocklandtrust.com  | A. NAME & PHONE OF CONTACT AT FILER (optional)   | $\neg$  |                          |  |                    |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Rockland Trust Company 30 South Main Street Middleboro, MA 02346    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   This FINANCING STATEMENT FILE NUMBER   This FINANCING STATEMENT AMENDMENT is to be filed the record   | B. E-MAIL CONTACT AT FILER (optional)  |   |                          |  |                    |
| 30 South Main Street Middleboro, MA 02346    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   |  |   |                          |  |                    |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL FINANCING STATEMENT FILE NUMBER #201009385550 filed 12/28/2010  1b.   This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in (o | 30 South Main Street   | ור  |                          |  |                    |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER #201009385550 filed 12/28/2010  1b   | 1  |   |                          |  |                    |
| #201009385550 filed 12/28/2010   |  | THE ABOVE SPA   | CE IS FO                 | R FILING OFFICE USE                    | ONLY               |
| 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 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. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement continued for the additional period provided by applicable taw  5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record Interest of the Secured Party of record Interest or 7b and item 7c To and |  | (or recorded) in the REAL                                     | ESTATE                   | RECORDS                                | -                  |
| 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. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement continued for the additional period provided by applicable law  5. PARTY INFORMATION CHANGE:  Check one of these two boxes:  AND Check one of these two boxes:  Check one of these two boxes:  AND Check one of these two boxes:  CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record  CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record  CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record  CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record  CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record  CHANGE name and/or address: Complete The address: Complete item DELETE name: Give record not the fine 6a of 5a did item 6a of 5b; and item 7c To add item |  | <del></del>   | <u> </u>                 | /—                                     |                    |
| continued for the additional period provided by applicable law  5. PARTY INFORMATION CHANGE:  Check gins of these three boxes to:  Check gins of these three boxes to:  This Change affects Debtor gir Secured Party of record liem 6a or 6b; and item 7a or 7b and item 7c. ADD name: Complete item DELETE name: Give record name for a or 7b, and item 7c. To or 7b, and item | 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address  | ss of Assignee in item 7c <u>and</u> name c<br>am 8           | of Assignor              | in item 9                              |                    |
| Check one of these two boxes:  This Change affects Debtor or Secured Party of record lifem 6a or 6b; and item 7a or 7b and item 7c ro 7b, and item 7c lifem 6a or 6b.  6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)  6a. ORGANIZATION'S NAME  Westfield Commons Master Tenant, LLC  6b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name (7b) individual's Surname  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  | 4. CONTINUATION: Effectiveness of the Financing Statement identified above with responding to the additional period provided by applicable law   | pect to the security interest(s) of Sec                       | ured Party               | authorizing this Continuation          | on Statement is    |
| CHANGE name and/or address: Complete item  |  |   |                          |  | <u> </u>           |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)  6a. ORGANIZATION'S NAME  Westfield Commons Master Tenant, LLC  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)  7a. ORGANIZATION'S NAME  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  | Check Site of these two boxes. ————————————————————————————————————  | /or address: CompleteADD nan                                  | ne: Comple<br>and item 7 | te item DELETE name:                   |                    |
| Westfield Commons Master Tenant, LLC  6b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  7c. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name (7a. ORGANIZATION'S NAME  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 AS | 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide of  |   |                          |  |                    |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name (7a. ORGANIZATION'S NAME  OR  7b. 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   | Westfield Commons Master Tenant, LLC   |   |                          |  |                    |
| 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  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  | 6b. INDIVIDUAL'S SURNAME FIRST PERS  | SONAL NAME  | ADDITIO                  | NAL NAME(S)/INITIAL(S)                 | SUFFIX             |
| INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  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   |  | ride only <u>one</u> name (7a or 7b) (use exact, full na      | me; do not an            | nit, modify, or abbreviate any part of | the Debtor's name) |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  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   | OR 7b. INDIVIDUAL'S SURNAME  | _   |                          |  |                    |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  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   | 1  |   |                          |  |                    |
| 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   |  | <del></del>   |                          |  |                    |
| 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral  |  |   |                          |  | SUFFIX             |
|  | INDIVIDUAL'S FIRST PERSONAL NAME   |   |                          |  | COUNTRY            |
| Indicate collateral:   | INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   |   | STATE                    | POSTAL CODE                            |                    |
|  | INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  | DELETE collateral R   |                          |  | SSIGN collateral   |
|  | INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  | DELETE collateral R   |                          |  |                    |
|  | INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  | DELETE collateral R   |                          |  |                    |
|  | INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  | DELETE collateral R   |                          |  |                    |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)   | INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  | DELETE collateral R   |                          |  |                    |
| If this is an Amendment authorized by a DEBTOR, check here 🔲 and provide name of authorizing Debtor  | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:   |   | ESTATE ¢                 | overed collateral A                    | SSIGN collateral   |
| Rockland Trust Community Development III, LLC  | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT If this is an Amendment authorized by a DEBTOR, check here and provide name of authority and authority and provide name of authority and a | : Provide only <u>one</u> name (9a or 9b) (n                  | ESTATE ¢                 | overed collateral A                    | SSIGN collateral   |
| 95. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT If this is an Amendment authorized by a DEBTOR, check here and provide name of authority and provide name of authority and the collateral indicate collateral indicate collateral.   | : Provide only <u>one</u> name (9a or 9b) (n<br>rizing Debtor | ESTATE ¢                 | overed collateral A                    | SSIGN collateral   |
| 10. OPTIONAL FILER REFERENCE DATA:   | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:  9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized Debt of the community Development III, LLCORD  | : Provide only <u>one</u> name (9a or 9b) (n<br>rizing Debtor | ESTATE c                 | overed collateral A                    | SSIGN collateral   |