UCC FINANCING STATEMENT AMEND	MENT			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5	5294 - CX			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Addr.) 109239154 - 372200 Corporation Service Company 801 Adlai Stevenson Drive	CINTO, CL			
C. SEND ACKNOWLEDGMENT TO: (Name and Addr				
109239154 - 372200				
Corporation Service Company				
Springfield, IL 62703 File	ed In: Rhode Island			
 	(S.O.S.)		SPACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER			ATEMENT AMENDMENT is to be filed [for REAL ESTATE RECORDS	r record]
200603651540 05/19/2006		Filer: <u>attach</u> Amendme	nt Addendum (Form UCC3Ad) <u>and</u> provide Deb	
TERMINATION: Effectiveness of the Financing Statement ident Statement	ified above is terminated v	ith respect to the security is	nterest(s) of Secured Party authorizing th	s remination
ASSIGNMENT (full or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 and also indicate	m 7a or 7b, <u>and</u> address o affected collateral in item	Assignee in item 7c <u>and</u> na 3	ame of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	entified above with respect	to the security interest(s) o	f Secured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:	Cheek are of those three b	avor to		
Check one of these two boxes: This Change affects Debtor or Secured Party of record	Check one of these three b CHANGE name and/or a item 6a or 6b; and item	address: CompleteAD	D name: Complete item DELETE name or 7b, and item 7c December 1 to be deleted in	: Give record name n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	ation Change - provide only	<u> </u>		
6a. ORGANIZATION'S NAMEEMERSON REALTY ASS	SOCIATES, LLC			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSOR	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or P 7a. ORGANIZATION'S NAME	arty Information Change - provide	only <u>one</u> name (7a or 7b) (use exact	, full name, do not omit, 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
	Local	_,	STATE POSTAL CODE	COUNTRY
7c. MAILING ADDRESS	CITY		STATE POSTAL GODE	USA
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	THIS AMENDMENT:	Provide only one name (9a or	9b) (name of Assignor, if this is an Assignr	nent)
	d provide name of authorizi	ng Debtor		
Chizens Bank, IV.A. Form	ially KIIUWII AS KI	JO CRIZERS, N.A.		
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSO	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: EMERSON REALTY ASSOCIATES, LLC				109239154