

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **CT LIEN SOLUTIONS** Phone: **(800)331-3282**

CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

Street #1: **P.O. BOX 29071**

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DEBTOR INFORMATION

Org. Name: **OCEANVIEW PARTNERS, L.P.**

Mailing Address1: **887 GREENWICH AVENUE**

City: **WARWICK** State: **RI** ZIP: **02886** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A.**

Mailing Address1: **9000 SOUTHSIDE BLVD, FL 9-100-03-17**

City: **JACKSONVILLE** State: **FL** ZIP: **32256** Country: **USA**

TRANSACTION TYPE: STANDARD

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