| UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS | IT | | | | |
|--|--|---|----------------|---|----------------------|
| A NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 | · <u>.</u> |] | | | |
| B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com | | 1 | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | 2 0 11, — | - | | | |
| 118502314 - 358660 | | | | | |
| B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 118502314 - 358660 Corporation Service Company 801 Adlai Stevenson Drive | ı | | | | |
| 801 Adlai Stevenson Drive Springfield, IL 62703 (1) Filed In: Rh | | | | | |
| Springfield, IL 62703 Filed In: Rh | (S.O.S.) | | | | |
| | | • | | R FILING OFFICE USE | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 200604219820 10/26/2006 | | (or recorded) in the REA | LESTATE | :NDMENT is to be filed [for RECORDS m UCC3Ad) <u>and</u> provide Debt | • |
| TERMINATION: Effectiveness of the Financing Statement identified above Statement | ve is terminated v | rith respect to the security intere | st(s) of Se | cured Party authorizing this | Termination |
| ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 79 For partial assignment, complete items 7 and 9 and also indicate affected complete. | | | of Assignor | in item 9 | |
| 4. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law | pove with respect | to the security interest(s) of Sec | cured Party | authorizing this Continuati | on Statement is |
| 5. PARTY INFORMATION CHANGE: | | | | | |
| CHAN | e of these three bo IGE name and/or a | ddress: CompleteADD nar | ne: Comple | te itemDELETE name: | Give record name |
| This Change affects Debtor or Secured Party of record item 6. 6. CURRENT RECORD INFORMATION: Complete for Party Information Change | | | and item 7 | to be defeted in | item 6a or 6b |
| 6a. ORGANIZATION'S NAMEHope Artiste Village, LLC | | | | | |
| OR 6b. INDIVIDUAL'S SURNAME | IFIRST PERSON | AL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | ,,,,,, | |
| CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informati ORGANIZATION'S NAME | ion Change - provide o | nly <u>ope</u> name (7a or 7b) (use exact, full n | ame; do not on | nit, modify, or abbreviate any part of | f the Debtor's name) |
| OR | | | | | |
| 76. INDIVIDUAL'S SURNAME | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | • | | SUFFIX |
| INDIVIDUAL 3 ADDITIONAL NAME (S)/INTERACTOR | | | | | SOFFIX |
| 7c. MAILING ADDRESS | Taty | | STATE | POSTAL CODE | COUNTRY |
| 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD |) collateral | DELETE collateral | RESTATE 6 | overed collateral | ASSIGN collateral |
| Indicate collateral: | • | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN | JENDMENT: 0 | covide cally pass name (Pa er Ch) (| ama of Ass | signer if this is an Assissance | |
| If this is an Amendment authorized by a DEBTOR, check here 🔲 and provide n | name of authorizin | g Debtor | anne of Ass | nghor, ir tilis is an Assignme | nt) |
| 9a. ORGANIZATION'S NAMESantander Bank, N.A. FNA Sove | ereign Banl | (| | | |
| OR 96. INDIVIDUAL'S SURNAME | FIRST PERSON | AL NAME | ADDITION | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | | <u> </u> |
| 10. OPTIONAL FILER REFERENCE DATA: 8542 Debtor: Hope Artis | ste Village, | LLC | | | 118502314 |