UCC FINANCING STATEMENT AMENDMEN	T				
FOLLOW INSTRUCTIONS		_			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
1261 92126					
Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 filingacks@cscinfo.co	m				
801 Adlai Stevenson Drive Springfield, IL 62703	hode Island				
L filingacks	(S.O.S.)				
1a. INITIAL FINANCING STATEMENT FILE NUMBER	· I			R FILING OFFICE USE ENDMENT is to be filed [for	
200705130600 06/28/2007		(or recorded) in the REA Filer: <u>attach</u> Amendment Ad		RECORDS m UCC3Ad) <u>and</u> provide Debt	or's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified abort Statement	ve is terminated v	rith respect to the security intere	est(s) of Sec	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected of the second			of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified at 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:	to de la constantina				
CHAN		ddress: CompleteADD na	me: Comple		Give record name
This Change affects Debtor or Secured Party of record Secured Party of record Secured Party of record Secured Party Information Change This Change affects Debtor or Secured Party Information Change This Change affects Secured Party Information Change This Change affects Secured Party Information Change This Change affects Secured Party Information Change This Chan			o, <u>and</u> item 7	to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAMESPL Associates, LLC	 				
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				.,,	1
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ion Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full n	ame; do not on	nit, modify, or abbreviate any part o	f the Debtor's name)
OR 75. INDIVIDUAL'S SURNAMÉ					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL STIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
					USA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral [DELETE collateral	RESTATE o	overed collateral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN			name of Ass	signor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and provide in ga ORGANIZATION'S NAMESantander Bank, N.A., Sovereig	n Bank, N./				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:9553 Debtor: SPL Asso	ciates, LLC				1261 92126