· ·	STANDARD FORM	JULIUS BLUMBERS, INC. NYC, 10013
UNIFORM COMMERCIAL INSTRUCTIONS	CODE - FINANCING STATEMENT - FORM	() ST
PLEASE TYPE this form Fold only along perforation Remove Secured Porty and Debtor copies and His some proyeded for any items on the form	In for making, of the property of the filling officer. Enclose filling other 3 capies with interleaved carbon paper to the filling officer. Enclose filling is imadequate the item(s) should be continued on additional sheets, preferably 5 as set of three capies of the financing statement. Long schedules of collateral, in a set of three capies of the financing statement. Long schedules of collateral, in a set of three capies of the financing statement of the capital set of the set o	fee. x 8", or 8" x, 10". Only one copy of such additional
sheets need be presented to the filing afficer with venient for the secured party. Indicate the number A. If collected is 400 to goods which are no rate.	a set of three copies of the financing statement. Long scherollet of collateral, included of collateral, included of collateral of col	er. may be on any tire paper man it care
6. At the time of original filling, tilling officer should t	a financing statement, it is requested that it be occompatible by a completed by eturn third copy as an acknowledgement. At a later time, secured party may d	t unsignéd sél-df-Thesitelorms:Methious exitos feters:"" ate and sign Termination Legend and use third copy
ns a Termination Statement	ices for filing pursuant to the Uniform Commercial Code	3. Maturity date (if any):
This FINANCING STATEMENT is presented to a filing off 1. Debtor(s) (Last Name First) and address(es)	2. Secured Party(ies) and address(es)	For Filing Officer (Date, Time,
	CLARION HOTEL ASSOCIATES	Number, and Filing Office)
RL Geen Family Trust 1080 Deercliff Dr.	LIMITED PARTNERSHIP c/o Sybedon Corporation	\ \ \
1080 Beerchtt 31.	1211 Avenue of the Americas Rockefeller Center	06371
Zephyr Cove, NV 89448	New York, New York 10036	\ \
4. This financing statement covers the following types (or ite	ms) of property:	\ \
	_	5. Assignee(s) of Secured Party and
		Address(es)
Debtor's limited partnership interest in Cla	rion Hotel Associates Limited Partnership, a	
Connecticut limited partnership, including all of and any successor partnership and under the p	f debtor's rights and interests in said parmership	
und any successor parimeters parties and the		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
This statement is filed without the debtor's signature to p	perfect a security interest in collateral. (check 🗵 if so) Fil	ed with:
already subject to a security interest in another jurisd	liction when it was brought into this state.	/
which is proceeds of the original collateral described		
Check if covered: Proceeds of Collateral are also	covered. Products of Collecteral are also covered. No. of	ASSOCIATES LIMMED PARTNERSHIP
	By: (Sybedon Corp	oration, the General Partner
20 04 T 1 1/1	16	1 touch
By Louise of Green Signature(s) of Debtor(s)	Signatur By: Signatur	e(s) of Secured Party(ies)
(1) Filing Officer Copy-Alphabetical	STANDARD FORM - FORM UCC-1.	(For Use In Most States)
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