The state of the

AND WHEN RECORDED MAIL TO

ARM FINANCIAL CORPORATION P.O. BOX 85309 SAN DIEGO, CA 92186-5309 THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMODATION ONLY. NO LIABILITY, EXPRESS OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS EFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

FIRST AMERICAN TITLE CO.

Space above this line for recorder's use only

Trustee Sale No. 02-04358 #

Loan No. 2716021072

Title Order No.

SUBSTITUTION OF TRUSTEE

WHEREAS, KENNETH LYLES AND MICHELLE LYLES, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, was the original Trustor, STEWART TITLE OF DOUGLAS COUNTY, A NEVADA CORPORATION, was the original Trustee, and RIDGE POINTE LIMITED PARTNERSHIP, A NEVADA LIMITED PARTNERSHIP, was the original Beneficiary under that certain Deed of Trust dated 09/05/1998, Recorded on 11/09/1998, Instrument 0453567, Book 1198, Page 1721 of official records in the office of the Recorder of DOUGLAS County, Nevada, and

WHEREAS, RIDGE POINTE LIMITED PARTNERSHIP, A NEVADA LIMITED PARTNERSHIP, the undersigned, is the present Beneficiary under said Deed of Trust, and,

WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in the place of and stead of said original Trustee thereunder.

Now, THEREFORE, the undersigned Beneficiary hereby substitutes **ARM FINANCIAL CORPORATION**, P.O. BOX 85309, SAN DIEGO, CA 92186-5309, as Trustee of Said Deed of Trust.

Whenever the context hereof so requires, the masculine gender includes the feminine and/or neuter, and the singular number indicates the plural.

0555874

DATE: 10/21/02

RIDGE POINTE LIMITED PARTNERSHIP, A NEVADA LIMITED PARTNERSHIP, DBA SUNTERRA RESORTS

NAME:

Beverly K Huber

TITLE:

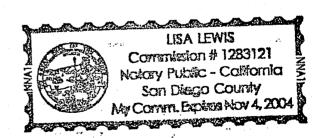
Recovery Officer

STATE OF: COUNTY OF: CALIFORNIA SAN DIEGO

On <u>loloo</u> before me, Lisa Lewis, a Notary Public in and for said county, personally appeared Beverly K Huber, Recovery Officer, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public in and for said County and State





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LINDA SLATER RECORDER \$ 16 PAID K DEPUTY