	•	RESIDENTED IN OFFICIAL REG BOUGLAS CO. 1	one cardina
UCC FINANCING STATEMENT AMENDM	IENT	2004 MAY 21 A	M11:
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		WERNER CHRI	STEN
MARIE BARBARINO		KECUKUEF	3,514
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		30. PAID PW	\
AmeriSearch		and and a second second second second	_DEPUTY
1232 Q Street Sacramento, CA 95814	_		\
Sacramento, OA 33014	_		\
			/
P6-0000-981-5			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE	SPACE IS FOR FILING OFFICE 1b. This FINANCING STATE	
BOOK 600 PAGE 1571 DOCUMENT #493	602 6/7/2000	to be filed [for record] (o	
2. TERMINATION: Effectiveness of the Financing Statement identified a			-
 CONTINUATION: Effectiveness of the Financing Statement identification. Continued for the additional period provided by applicable law. 	ed above with respect to security interest(s) of the Se	cured Party authorizing this Continuat	ion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	b and address of assignee in item 7c; and also give na	ne of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check o	nly <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate informat CHANGE name and/or address: Give current record name in item 6a or	6b; also give new IT DELETE name: Give record	name ADD name: Complete i	tem 7a or 7b, and also
Iname (if name change) in item 7a or 7b and/or new address (if address of CURRENT RECORD INFORMATION:	change) in item 7c to be deleted in item 6a or 6	item 7c; also complete i	items 7d-7g (if applicable).
6a. ORGANIZATION'S NAME	I IN WITED I LA DU ETV CONTE	A 3 TX 7	
NEVADA ROYALE LLC, A NEVADA OR 66. INDIVIDUAL'S LAST NAME	LIMITED LIABILITY COMP	ANY	Isuffix
			Joseph A.
7. CHANGED (NEW) OR ADDED INFORMATION.			<u> </u>
7a. ORGANIZATION'S NAME			
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
\ \	\ \		
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATIO	ON 71. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, i	if any
ORGANIZATION ' DEBTOR	/ /		NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	///_		_
Describe collateral deleted or added, or give entire restated of	collateral description, or describe collateral 🔲 assig	ned.	
 NAME of SECURED PARTY of RECORD AUTHORIZING THI adds collateral or adds the authorizing Debtor, or if this is a Termination auth 	·	gnment). If this is an Amendment authonic DEBTOR authorizing this Amendmen	
9a. ORGANIZATION'S NAME			
FANNIE MAE C/O ARCS COMMERCI		INDONE NAME	loverny
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA		12. 4 =	(XX A.N
DOUGLAS COUNTY NEVADA ARC	S #226380	130417-	y x 00
FILING OFFICE COPY — NATIONAL UCC FINANCING STATE	051.3750		