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UCC FINANCING STATEMENT AMENIFOLLOW INSTRUCTIONS (front and back) CAREFULLY	DMENT	DOC 09/03/2	010 02:56 PM OFFICIAL R Requested UCC DIREC	ECORD By: CT
A. NAME & PHONE OF CONTACT AT FILER [optional]	av (919) 662 4141	Ka	Douglas County ren Ellison - I	, - NV Recorder
	ax (818) 662-4141		1 Of 1	Fee: 60.0
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CT Lien Solutions 251	129620		Bilii imbin bilin ibilin	izita ilazi itat labi
✓ P.O. Box 29071	/N.N./		\ \	
Glendale, CA 91209-9071	'NV		_ \ \	\
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<b>L_</b>		THE ABOVE SI	PACE IS FOR FILING OFFICE	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # BK0106PG02634 0665258 01/10/06 CC NV Do	ouglas		This FINANCING STATEM to be filed [for record] (or re REAL ESTATE RECORDS	ecorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identi	ified above is terminated with respec	t to security interest(s) of the S	ecured Party authorizing this 1	Termination Statement.
3. X CONTINUATION: Effectiveness of the Financing Statement identical continued for the additional period provided by applicable law.	ified above with respect to the securi	ty interest(s) of the Secured Pa	erty authorizing this Continuation	on Statement is
ASSIGNMENT (full or partial). Give name of assignee in item	70 or 70 and address of account	on in 7a; and also since since	no of occioner in them O	$\longrightarrow$
AMENDMENT (run or partial): Give name or assignee in nem     AMENDMENT (PARTY INFORMATION): This Amendment affects		rty of record. Check only one		
Also check one of the following three boxes and provide appropr CHANGE name and/or address: Give current record name in item 6a o name (if name change) in item 7a or 7b and/or new address (if address	nate information in items 6 and/or 6b; also give new DELE		ADD name: Complete it	lem 7a or 7b. and also Items 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION: 69. ORGANIZATION'S NAME ZEPHYR COVE INVESTORS LLC		$\vee$		
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MI	DDLE NAME	SUFFIX
	THOTROME		7544 TO 1174	
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a ORGANIZATION'S NAME				
OR				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIE	DDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	ST	ATE POSTAL CODE	COUNTRY
			i some soce	<b>333</b>
7d. SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZA ORGANIZATION DEBTOR	TION 7f. JURISDICTION OF C	RGANIZATION 7g,	ORGANIZATIONAL ID #, if an	NONE
B. AMENDMENT (COLLATERAL CHANGE): check only one box.	ed collateral description, or descri	ibe collateral assigned.		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination aution authorizing Debtor.    Sa ORGANIZATION'S NAME	AMENDMENT (name of assignor, ihorized by a Debtor, check here	if this is an Assignment), if this and enter name of DEBTOR a		by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination aution of the Collaboration of the Col	thorized by a Debtor, check here			by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination auti 9a ORGANIZATION'S NAME	thorized by a Debtor, check here	and enter name of DEBTOR a		by a Debtor which

Prepared by CT Lien Solutions, P.O. Box 290 Glendale, Ox. 91209-9071 Tel (800) 331-328