



DOC # 0773099
10/28/2010 03:46 PM Deputy: SG
OFFICIAL RECORD
Requested By:
BB&T

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

V Cooper 252,296.0682

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Branch Banking and Trust Company

P O Box 1626

Wilson, NC 27894-9961

Douglas County - NV Karen Ellison - Recorder Page: 1 Of 2 Fee:

Page: 1 Of 2 Fee: BK-1010 PG-6533 RPTT:

60.00 0.00



<u> </u>	THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
LINITIAL FINANCING STATEMENT FILE # DOC# 0663576 BK-1205 PG-7535 December 1	6 2005	1b. This FINANCING STATES to be filed [for record] (or	recorded) in the
TERMINATION. Effectiveness of the Financing Statement identified above		REAL ESTATE RECORD	S.
CONTINUATION: Effectiveness of the Financing Statement identified about			
continued for the additional period provided by applicable law	ove with respect to security interest(s) of the Se	cured Party authorizing this Continuation	on Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c, and also give nat	me of assignor in item 9	
AMENDMENT (PARTY INFORMATION): This Amendment affects De	ebtor or Secured Party of record. Check of	nly <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate information in	items 6 and/or 7.		
CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name. Complete item 7s also complete item 7s	or7b, andalso item7c; (pplicable)
CURRENT RECORD INFORMATION	7 7	/	
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME			
	FIRST NAME	MIDDLE NAME	SUFFIX
Villalobos (Debtor)	Alfred	R	
CHANGED (NEW) OR ADDED INFORMATION			
7a. ORGANIZATION'S NAME	/ / /		
7b. INDIVIDUAL'S LAST NAME	Total Control Control	Week E MARKE	Louissing
TO. INDIVIDUALS EXST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	100	AXAZE IROOTAL CORE	COUNTRY
	CITY	STATE POSTAL CODE	1
9546 Chatsboro Drive SEEINSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	Woodland Hills 71. JURISDICTION OF ORGANIZATION	CA 91364 7g. ORGANIZATIONAL ID #, If	USA
ORGANIZATION DEBTOR	77, JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL 10 #, II	any No
AMENDMENT (COLLATERAL CHANGE): check only one box.	/ /	<u>-</u>	
Describe collateral deleted or added, or give entire restated collater	rat description, or describe collateral assig	ned.	
	_		
urchase Money Security Interest in all Fixtures; who	ther any of the foregoing is ow	ned now or acquired late	r; all
cessions, additions, replacements, and substitutions	relating to any of the foregoing	g; all records of any kind	relating to any
the foregoing; all proceeds relating to any of the for roceeds) and located at 295 Highway 50, Suite 16, 18	regoing (including insurance, g	enerai intangidies, and ac	counts
receds, and located at 255 Highway 50, Suite 10, 16	& 20, Zepnyr Cove, NV 89448	•	
\ / /			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	IENDMENT (name of assignor, if this is an Assi	gnment), if this is an Amendment autho	rized by a Debtor whic
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name of	DEBTOR authorizing this Amendment	2
9a ORGANIZATION'S NAME			-
BRANCH BANKING AND TRUST COMPANY 96 INDIVIDUAL'S LAST NAME			
AB INDIAIDUAC, S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA			
D101020 Douglas	County, NV		

JCC FINANCING STATEMENT ADDENDUM OLLOW INSTRUCTIONS (Front and back) CAREFULLY			1			
9. NAME OF FIRST DEBTOR (12 or 1b) ON RELATED FINANCING STATEMENT					\ \	
9a ORGANIZATION'S NAME		<u>-</u>			\ \	
OR					\ \	\
Pb. INDIVIDUAL'S LAST NAME	FIRST NAME	MIODUE NAME, SU	FFIX		\	\
Villalobos	Alfred	R			\	\
), Miscellaneous:						
I. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only o	ne name (11a or 11b) - do not :			IS FOR FILING OFFI	CE USE ONLY
11a ORGANIZATION'S NAME		()				
]		*	
116 INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
		1	\ /	1/		
C MAILING ADDRESS		CITY	V/	STATE	POSTAL CODE	COUNTRY
Id. SEE INSTRUCTIONS ADD'L INFO ORGANIZAT DEBTOR	RE 11e TYPE OF ORGANIZATION	11/ JURISDICTION OF C	RGANIZATION	11g OR	 GANIZATIONAL ID #, if a	ny No
ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P	'S NAME - insert only one	name (12a or 12b)	i.		1,1,0
12a ORGANIZATION'S NAME		1		1		
		\		- N		
126 INDIVIDUAL'S LAST NAME		FIRST NAME	/	MIDDLE	NAME	SUFFIX
			\	V		
MAILING ADDRESS	\	CITY	\	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers collateral, or is filed as a fixture film. 4. Description of real estate. Units 16, 18 & 20, set filter for the condominium map LAKE BUILDING, recorded June 1, 1 records at Page 83, Douglas Co	forth on that map entitle VILLAGE PROFESSIONA 979 in Book 679 of Officia		description			
Together with an undivided into set forth and defined by that of 1980 in Book 480 of Offici Douglas County, Nevada.	focument recorded April 30					
. Name and address of a RECORD OWNE (if Debtor does not have a record interest)	R of above-described real estate	·				
		17. Check only if applical	le and check only one bo	×		
		Debtor is a Trust or			perty hald in trust or	Decedent's Est
		18. Check only if applicat				
		Debtor is a TRANSMI				
		Filed in connection wi	th a Manufactured-Home	Transaction	- effective 30 years	
		Filed in connection we	th a Public-Finance Trans	action - effi	ctive for 30 years	