

OFFICIAL RECORD
Requested By:
RESORT FUNDING LLC

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 1 Fee: 60.00
BK-1110 PG- 3904 RPTT: 0.00



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] MICHELLE FRATESCHI (315) 468-3310
B. SEND ACKNOWLEDGMENT TO: (Name and Address) <input checked="" type="checkbox"/> RESORT FUNDING LLC ATTN: MICHELLE FRATESCHI, PARALEGAL 360 SOUTH WARREN STREET, 6TH FLOOR SYRACUSE, NEW YORK 13202

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 0664728 BOOK 1205 BOOK 13678 FILED 12/30/05	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input checked="" type="checkbox"/>
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2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 8 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 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION

6a. ORGANIZATION'S NAME WALLEY'S PARTNERS LIMITED PARTNERSHIP			
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION.

7a. ORGANIZATION'S NAME			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	SUFFIX
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION
7g. ORGANIZATIONAL ID #, if any			<input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which 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.

9a. ORGANIZATION'S NAME RESORT FUNDING LLC			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA
DOUGLAS COUNTY, NV -DWR RECEIVABLES