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04/11/2011 02:47 PM Deputy: DW OFFICIAL RECORD

Requested By:

CSC

Douglas County - NV UCC FINANCING STATEMENT AMENDMENT Karen Ellison - Recorder

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address) 57213324 - 330030 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703

Ľ \mathbf{of} Fee: 60.00 Page: 0.00 PG- 1948 RPTT: BK-0411

MIDDLE NAME

SUFFIX

57213324

ITIAL FINANCING STATEMENT FILE # 79096 7/7/2006		1b. This FINANCING STATEM to be filed [for record] (or re	
		REAL ESTATE RECORDS	. 1
TERMINATION: Effectiveness of the Financing Statement identified above			
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.	ove with respect to securify interest(s) of the Sec	ured Parry authorizing this Continuation	i Statement is
ASSIGNMENT (full or partial). Give name of assignee in item 7a or 7b and	l address of assignee in item 7c, and also give nan	ne of assignor in item 9.	
MENDMENT (PARTY INFORMATION): This Amendment affects			-
so check one of the following three boxes and provide appropriate information in	The Paris of the Control of the Cont	/	
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 7ac also complete items 7e-7g (if ap	or 75, and also item 7 opticable).
URRENT RECORD INFORMATION:		/	
6a. ORGANIZATION'S NAME UNION BANK OF CALIFORN	IIA, N.A.		
	1 (1
6b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		<u> </u>	
HANGED (NEW) OR ADDED INFORMATION			
7a. ORGANIZATION'S NAME SPCP GROUP V, LLC			
75 INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	THE TAXIBE	INIOSEE /ITIME	
IAILING ADDRESS 2 Greewich Plaza, 1st Floor	GITY	STATE POSTAL CODE	COUNTRY
2 0100W0111 W24, 15t1 100	Greenwich	CT 06830	USA
EEINSTRUCTIONS ADD'L INFO RE 79, TYPE OF ORGANIZATION	7f JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	L
ORGANIZATION LLC	DE /		××
MENDMENT (COLLATERAL CHANGE), check only one box.	- / /		
escribe collateral deleted or added, or give entire restated collate	eral description or describe collateral Classical	ned	
		· ·	
\ / /			
\ / /			

FIRST NAME

10.0PTIONAL FILER REFERENCE DATA Debtor: Titus Family Trust, 9/2/1993

OR 96 INDIVIDUAL'S LAST NAME