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Cook County Recorder

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UCC FINANCING	STATEMENT A	MENDMENT
UCC FINANCING	STATEMENTA	MENDMENI

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) KAREN PARR LEXISNEXIS DOCUMENT SERVICES 801 ADLAI STEVENSON DRIVE SPRINGFIELD, IL 62703

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE 10238870 to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 2. | TERMINATION: Effectiveness of the Financing externational above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 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 with 17 or 7b and address of assignee in item 7c; and also give name of assignor in item 9 5. AMENDMENT (PARTY INFORMATION): This Amendment affect. Debtor of X Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate info. nation in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6f, als, give new name (if name change) in item 7a or 7b and/or new address (if address th, nor / in item 7a DELETE name: Give record name to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OR MIDDLE NAME SUFFIX 6b. INDIVIDUAL'S LAST NAME FIRST N. ME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a ORGANIZATION'S NAME CAPITALSOURCE FINANCE LLC OR MIDDLE NAME SUFFIX 7b. INDIVIDUAL'S LAST NAME FIRST NAME POSTAL CODE COUNTRY STATE 7c. MAILING ADDRESS MD20815 USA CHEVY CHASE 4445 WILLARD AVENUE /F ORGANIZATIONAL ID #, if any 7d. TAX ID #: SSN OR EIN | ADD'L INFO RE | 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION ORGANIZATION NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

	adds collateral or adds the authorizing Debtor, or if this is a Te	mination authorized by a Debtor, check here and ente	r name of DEBTOR authorizing this Amendm	ent.
	CIG INTERNATIONAL, LLC			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

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UCC FINANCING STATEMENT AMENDN FOLLOW INSTRUCTIONS (front and back) CAREFULLY	IENT		
A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
	— 		
KAREN PARR			
LEXISNEXIS DOCUMENT SERVIC	ES		
801 ADLAI STEVENSON DRIVE			
SPRINGFIELD, IL 62703			
	i.		
	THE ABO	VE SPACE IS FOR FILING OFFIC	E HEE ONLY
1a. INITIAL FINANCING STATEMENT F. F. 10238870		1b. This FINANCING STAT	EMENT AMENDMENT
		to be filed [for record] (c	or recorded) in the IDS.
3. CONTINUATION: Effectiveness of the Financi in Signamont identification	pove is terminated with respect to security interest(s	of the Secured Party authorizing this Te	ermination Statement.
CONTINUATION: Effectiveness of the Financing statement identified continued for the additional period provided by applicable law.			tion Statement is
S. ASSIGNMENT (full or partial): Give name of assignee in item 7c - 7b	and address of assignee in item 7c; and also give r	name of assignor in item 9.	
 AMENDMENT (PARTY INFORMATION): This Amendment affects 	Debtor or M Secured Party of record Charles		
Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6a or a	n in items 6 and/or 7.		
CHANGE name and/or address: Give current record name in item 6a or b: name (if name change) in item 7a or 7b and/or new address (if address ch. CURRENT RECORD INFORMATION:	o; iso live new at the DELETE name. Give reco	d name ADD name: Complete item 7c; also complete	item 7a or 7b, and also items 7d-7g (if applicab
6a. ORGANIZATION'S NAME			
R Co. INDIVIDUAL S.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	TSUFFIX
	0,		1
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
CAPITALSOURCE FINANCE LLC			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	LOUGEW.
		mode water	SUFFIX
: MAILING ADDRESS 4445 WILLARD AVENUE	CITY	STATE POSTAL CODE	COUNTRY
1. TAXID #: SSN OR EIN ADDILINFO RE 70. TYPE OF ORGANIZATION	CHEVY CHASE	MD 20815	USA
ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. C RGANIZATIONAL ID#, if	any
AMENDMENT (COLLATERAL CHANGE): check only one box.		0,	MON
Describe collateral deleted or added, or give entire restated coll	ateral description, or describe collectoral	Ux	
	assignment as a signment assignment as a signment as a sign	illeu.	•
		ned.	3
			(0)
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authorized.	MENDMENT (name of assignor, if this is an Assig	nment). If this is an Amendment authori	zed by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize [9a. ORGANIZATION'S NAME]	ed by a Debtor, check here and enter name of	DEBTOR authorizing this Amendment.	Edd by a Debiol Willian
CIG INTERNATIONAL, LLC		· · · · · · · · · · · · · · · · · · ·	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
		MIDDLE NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA			
44493/22205) dlc			

LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
KAREN PARR			
LEXISNEXIS DOCUMENT SERVICE	FS		
801 ADLAI STEVENSON DRIVE			
SPRINGFIELD, IL 62703			
51 141 (51 1225, 12 62 / 65			
	THE ABOVE	SPACE IS FOR FILING OFFIC	
INITIAL FINANCING STATEMENT FILE # 19238870		1b. This FINANCING STATE to be filed [for record] (REAL ESTATE RECO	
TERMINATION: Effectiveness of the Financing Statement identified as	xxve is terminated with respect to security interest(s) o	REAL ESTATE RECO	RDS. Fermination Statement
CONTINUATION: Effectiveness of the Financing statement identified continued for the additional period provided by apolitude law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7: or 7h	and address of assignee in item 7c; and also give nar	me of assignor in item 9.	
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 information	4		
CHANGE name and/or address: Give current record name in item 6a or til name (if name change) in item 7a or 7b and/or new address (if address ch	b also give new a DELETE name: Give record to be deleted in item 6a or 6	name ADD name: Complete item 7c; also complete	e item 7a or 7b, and a e items 7d-7g (if appli
CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME	0/		
GR. ONGANIZATION STRAWE			
6b. INDIVIDUAL'S LAST NAME	FIRST NA. 4E	MIDDLE NAME	SUFFIX
	0,		
CHANGED (NEW) OR ADDED INFORMATION:	9		
7a. ORGANIZATION'S NAME	7,		
CAPITALSOURCE FINANCE LLC 76. INDIVIDUAL'S LAST NAME			
76. INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
1445 WILLARD AVENUE	CHEVY CHASE	MD 20815	USA
TAX ID #: SSN OR EIN ADD'L INFO RE 17e. TYPE OF ORGANIZATION		rg. DRGANIZATIONAL ID #	· ·
ORGANIZATION DEBTOR		1,0	П
MENDMENT (COLLATERAL CHANGE): check only one box.			
escribe collateral deleted or added, or give entire restated col	llateral description, or describe collateral assign	ned.	
			-Ö
			C
AME OF SECURED PARTY OF RECORD AUTHORIZING THIS			
	rized by a Debtor, check here and enter name of I	DEBTOR authorizing this Amendme	ent.
dds collateral or adds the authorizing Debtor, or if this is a Termination author			
dds collateral or adds the authorizing Debtor, or if this is a Termination author 9a. ORGANIZATION'S NAME			
dds collateral or adds the authorizing Debtor, or if this is a Termination author 9a. ORGANIZATION'S NAME CIG INTERNATIONAL, LLC	FIRST NAME	IMIDDI E NAME	Lociens
dds collateral or adds the authorizing Debtor, or if this is a Termination author 9a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX

OLLOW INSTRUCTIONS (front and ba	ILE # (same as item 1a on Amer	ndment form)
10238870		
12. NAME OF PARTY AUTHORIZING 128. ORGANIZATION'S NAME CIG INTERNATIONA	L, LLC	middle NAME, SUFF
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SOIT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

INITIAL FINANCING STATEMENT #10238870 WAS FILED ON MARCH 26, 2001 WITH THE COOK COUNTY, ILLINOIS RECORDER.

Oct County Clert's Office DEBTOR'S NAME AND ADDRESS IS AS FOLLOWS:

BRYN MAWR PLACE, L.L.C. c/o NERI DEVELOPMENT, INC. 7760 WEST DEVON, SUITE B CHICAGO, IL 60631

UCC FINANCING STATEME FOLLOW INSTRUCTIONS (front and back)	CAREFULL:	
11. INITIAL FINANCING STATEMENT FILE	# (same as item 1s on Amei	ndment form)
10238870		
12. NAME OF PARTY AUTHORIZING THI 128. ORGANIZATION'S NAME CIG INTERNATIONAL 126. INDIVIDUAL'S LAST NAME		MIDDLE NAME, SUFFIX
13. Use this space for additional information	on	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

INITIAL FINANCING STATE MENT #10238870 WAS FILED ON MARCH 26, 2001 WITH THE COOK COUNTY, ILLINOIS RECORDER.

OLL COUNTY CLEAT'S OFFICE DEBTOR'S NAME AND ADDRESS IS AS FOLLOWS:

BRYN MAWR PLACE, L.L.C. c/o NERI DEVELOPMENT, INC. 7760 WEST DEVON, SUITE B CHICAGO, IL 60631

UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and b	ack) CAREELLI V	
11. INITIAL FINANCING STATEMENT 10238870	FILE # (same as item 1a on /mi	
12. NAME OF PARTY AUTHORIZING 128. ORGANIZATION'S NAME CIG INTERNATIONA		item 9 on Amendment form)
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. Use this space for additional information	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

INITIAL FINANCING STATEMENT #10238870 WAS FILED ON MARCH 26, 2001 WITH THE COOK COUNTY, ILLINOIS PECORDER.

DEBTOR'S NAME AND ADDRESS IS AS FOLLOWS: SFO.
COUNTY CLOPA'S OFFICE

BRYN MAWR PLACE, L.L.C. c/o NERI DEVELOPMENT, INC. 7760 WEST DEVON, SUITE B CHICAGO, IL 60631