



	(front and back) CAREFULLY				
Ann Moore	ONTACT AT FILER [optional]				
	MENT TO: (Name and Address)				
Compass B 4958 Valle					
		THE ABOVE SPA		R FILING OFFICE USE	
a. INITIAL FINANCING STAT 200407290004220			4	FINANCING STATEMENT A e filed (for record) (or recorde L ESTATE RECORDS.	
TERMINATION: Eff	ectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the	Secured Part	y authorizing this Termination	Statement.
CONTINUATION: E continued for the additi	Effectiveness of the Financing Statement identified about ional period provided by applicable law.	ve with respect to security interest(s) of the Secured	Party autho	rizing this Continuation State	ement is
	or partial): Give name of assignee in item 7a or 7b and a				
	INFORMATION): This Amendment affects Del		ng of these t	wo boxes.	
	ving three boxes <u>and</u> provide appropriate information in it address: Give current record name in item 6a or 6b; also		e TT AD	D name: Complete item 7a o	r 7b. and also
	address: Give current record name in item 6a or 6b; also in item 7a or 7b and/or new address (if address change)) in item 7c. to be deleted in item 6a or 6b.	iter	D name: Complete item 7a on 7c; also complete items 7d	7g (if applicable
CURRENT RECORD INF		 			
	INc. and Chelsea Park Properties, Ltd				
OR 65. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME SU	
. CHANGED (NEW) OR A	DED INFORMATION:			<u> </u>	
7a. ORGANIZATION'S N.					
j	NAME	FIRST NAME	MIDDLE	MIDDLE NAME	
7b. INDIVIDUAL'S LAST		\$			
7b. INDIVIDUAL'S LAST			i		
7b. INDIVIDUAL'S LAST	<u>,</u>	CITY	STATE	POSTAL CODE	COUNTRY
76. INDIVIDUAL'S LAST		CITY	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY 7f. JURISDICTION OF ORGANIZATION		POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY
c. MAILING ADDRESS d. TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR				COUNTRY
c. MAILING ADDRESS d. TAX ID#: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		
c. MAILING ADDRESS d. TAX ID#: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORG		
c. MAILING ADDRESS d. TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral dele	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		
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c. MAILING ADDRESS d. TAX ID#: SSN OR EIN Describe collateral dele PARTIAL Lots 4-18 thru 4-24,	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION al description, or describe collateral assigned. -35 thru 4-37, inclusive, 4-40, 4-41,	7g. ORG/	u 4-71, inclusive, 4-	73, 4-74,
c. MAILING ADDRESS d. TAX ID#: SSN OR EIN AMENDMENT (COLLA Describe collateral dele PARTIAL Lots 4-18 thru 4-24, 4-78 thru 4-82, inclu	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. leted or added, or give entire restated collater. Inclusive, 4-26 thru 433, inclusive, 4-26 thru 434 th	7f. JURISDICTION OF ORGANIZATION Tal description, or describe collateral assigned. -35 thru 4-37, inclusive, 4-40, 4-41, to the Map and Survey of Chelsea Parts	7g. ORG/	u 4-71, inclusive, 4-	73, 4-74,
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