

UCC FINANCING STATEMENT AMENDMENT

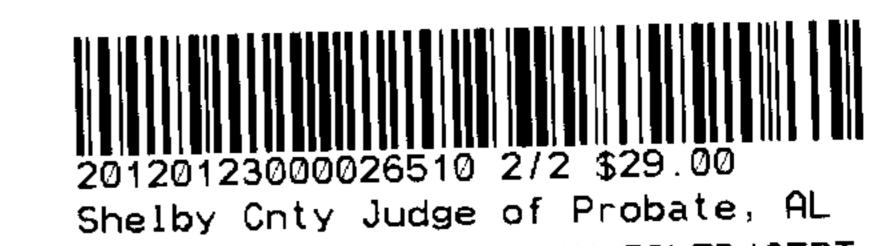
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141

I. SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION		· · · · · · · · · · · · · · · · · · ·						
P.O. Box 29071 Glendale, CA 91209-9071 ALAL FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY II. INITIAL FINANCING STATEMENT FILE.# 2007/06260000300110 06/26/07 CC AL Shelby ITERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 8. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 8. AMENDMENT (FARTY 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 6 and/or 7. CHANGE finane and/or address: Give outernt excord name in item 6a or 6b; also specified and formation in Items 8 and/or 7. CHANGE finane and/or address: Give outernt excord name in item 6a or 6b; also specified in item 8a or 6b. CURRENT RECORD INFORMATION: Gao ORGANIZATION'S NAME VISTA APPAITMENT OR ADDED INFORMATION: 7a ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY SEEINSTRUCTION AMELING ADDRESS CITY STATE POSTAL CODE COUNTY ABELINSTRUCTION ADDRESS of The First Code County To JURISDICTION OF ORGANIZATION If any ORGANIZATION IN INFORMATION IN INFORMATION IN INFORMATION IN INFORMATION IN INFORMATION IN INFORMATION IN INFORMATION: SEEINSTRUCTION ADDRESS CITY STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY ABELINSTRUCTION ORGANIZATION IN INFORMATION INFORMATION IN INFORMAT	B. SEND ACKNOWLEDGE	MENT TO: (Name and	Mailing Address) 20888 COM	MERCIAL LOA				
P.O. Box 29071 Glendale, CA 91209-9071 ALAL FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY II. INITIAL FINANCING STATEMENT FILE.# 2007/06260000300110 06/26/07 CC AL Shelby ITERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 8. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 8. AMENDMENT (FARTY 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 6 and/or 7. CHANGE finane and/or address: Give outernt excord name in item 6a or 6b; also specified and formation in Items 8 and/or 7. CHANGE finane and/or address: Give outernt excord name in item 6a or 6b; also specified in item 8a or 6b. CURRENT RECORD INFORMATION: Gao ORGANIZATION'S NAME VISTA APPAITMENT OR ADDED INFORMATION: 7a ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY SEEINSTRUCTION AMELING ADDRESS CITY STATE POSTAL CODE COUNTY ABELINSTRUCTION ADDRESS of The First Code County To JURISDICTION OF ORGANIZATION If any ORGANIZATION IN INFORMATION IN INFORMATION IN INFORMATION IN INFORMATION IN INFORMATION IN INFORMATION IN INFORMATION: SEEINSTRUCTION ADDRESS CITY STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY ABELINSTRUCTION ORGANIZATION IN INFORMATION INFORMATION IN INFORMAT								
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9. N	IAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a	RIZING THIS AMENDMENT (name of assignor, if this is an Termination authorized by a Debtor, check here and enter	Assignment). If this is an Amendment author name of DEBTOR authorizing this Amendme	ized by a Debtor which
OR	9a. ORGANIZATION'S NAME General Electric Capital Corporation			
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

31465238 Debtor Name: Vista Apartments LLC Vista Apartments, LLC 690079132



01/23/2012 12:19:51 PM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

20070626000300110 06/26/07 CC AL Shelby

12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME
General Electric Capital Corporation

OR

12b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

__ Description: