		STATE OF NOTAL LAKE COUNTY FILED FOR RECORD	
UCC FINANCING STATEMENT AMENDMEN	<b>40</b> 05 000339	2005 APR 21 F	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]		MICHAEL A. F	SEOWN:
B, SEND ACKNOWLEDGMENT TO: (Name and Address)  CENTIER BANK		BEOC 15	1
600 E. 84TH AVE MERRILLVILLE, IN 46410			
	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE O	
1a. INITIAL FINANCING STATEMENT FILE # 2000001611		1b. This FINANCING STATEMENT ANd to be filed [for record] (or recorded REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is 3. CONTINUATION: Effectiveness of the Financing Statement identified above in the continued for the additional period provided by applicable law.			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a 5. AMENDMENT (PARTY INFORMATION): This Amendment affects De			
Also check one of the following three boxes and provide appropriate information in information in information and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	btor or Lesseured Party of record. Check only or terms 6 and/or 7.  DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b, ar also complete items 7e-7g (if applicable	nd also item 7c; e),
6, CURRENT RECORD INFORMATION:    6a, ORGANIZATION'S NAME			
OR MERRILLIVILLE MOTEL ASSOCIATES, 6b. INDIVIDUAL'S LAST NAME	L.P.	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:  [7a, ORGANIZATION'S NAME]			
OP			
7b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEEINSTRUCTIONS ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NONE
AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral.	al description, or describe collateral assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM			a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized  9a. ORGANIZATION'S NAME	by a Debtor, check here and enter name of DEB	TOR authorizing this Amendment	
OR CENTIER BANK  9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
40 COTTONAL EILED DEFERENCE DATA			

CEG LAKE COUNTY