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FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER (poptional) Phone (800) 331-3282 Fax (818) 662-4141  B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 112970 IGREYSTONE  UCC Direct Services 6643605.1 P.O. Box 29071 Glendale, CA 91209-9071 Glendale, CA 91209-9071 ININ FIXTURE  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL 1a. INITIAL FINANCING STATEMENT FILE # 99002017 06-28-99 CC IN Lake  1. TERMINATION: Effectiveness of the Financing Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination  1. TERMINATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of the Secured Party authorizing this Termination continued for the additional period provided by applicable law.  4. X 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 9.  5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or December 17c; also complete item 7a or 7b name (in name change) in latem 7a or 7b and for mark and for information in items 6 and/or 7.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE rame and/or address: Give current record name in item 6a or 6b; also give new DELETE name: Give record name ADD name: Complete item 7a or 7b name (in name change) in item 7a or 7b and for new address of the secured party of record. Check only one of these two boxes.  8b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  7c. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  GREYSTONE SERVICING CORPORATION, INC.	2: 3 9  OWN  NOMENT is a the
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7a. ORGANIZATION'S NAME  GREYSTONE SERVICING CORPORATION, INC.	SUFFIX
7a. ORGANIZATION'S NAME  GREYSTONE SERVICING CORPORATION, INC.	
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419 BELLE AIR LANE  WARRENTON  7d. SEE INSTRUCTION  ADD'L INFO RE  7e. TYPE OF ORGANIZATION  7f. JURISDICTION OF ORGANIZATION  7g. ORGANIZATIONAL ID #, if any	*
ORGANIZATION DEBTOR	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.</li> </ol>	
9a. ORGANIZATION'S NAME Secretary of Housing and Urban Development	or which
OR	or which
10. OPTIONAL FILER REFERENCE DATA 6643605.1 Debtor Name: The Miller Partnership, L.P. Other Lakeshore Dunes	or which

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OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
13.	Use this space for additional inform	nation		
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Description: \*