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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JUL -6 PM 3:16

MICHAEL A. BROWN
RECORDER



UCC FINANCING STATEMENT AMENDMENT 2007 000497

State Form 50182 (5-01)
Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME AND PHONE OF CONTACT AT FILER (optional)
Daryl Grabowski 317-383-2541

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Fifth Third Bank
Attn: Daryl Grabowski
251 N. Illinois Street, Suite 1000
Indianapolis, IN 46204

over size
CMU 20072953

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 2005-001026

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. 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 in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY 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 7 or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION NAME

OR

| | | | |
|----------------------------|------------|-------------|--------|
| 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION NAME

OR

| | | | |
|----------------------------|------------|-------------|--------|
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

| | | | | |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

| | | | |
|--|--------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any |
| | | | <input type="checkbox"/> NONE |

8. AMENDMENT (COLLATERAL CHANGE): check only one box

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

Partial Release of Parcel 1: Lot 7, Beacon Hill - Phase One Only
*Please see attached legal description

9. 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 which 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.

9a. ORGANIZATION NAME
Fifth Third Bank

OR

| | | | |
|----------------------------|------------|-------------|--------|
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

10. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY - INDIANA UCC FINANCING AMENDMENT

CHICAGO TITLE INSURANCE COMPANY

13
01861528

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

State Form 50162 (5-01)

Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

11. INITIAL FINANCING STATE FILE NUMBER (same as item 1a on Amendment form)
2005-001026

2007 000497

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

12a. ORGANIZATION'S NAME

Fifth Third Bank

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

13. Use this space for additional information

KRG/I-6 Partners Beacon Hill, LLC (debtor)

Partial Release - releasing Exhibit A
(attached hereto) only.

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Exhibit A

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Lot 7, Beacon Hill - Phase One, an Addition to the City of Crown Point, Indiana, as per
plat thereof, recorded in Plat Book 97, page 46, in the Office of the Recorder of Lake
County, Indiana.

2007 JUN 15 10 31 AM
MICHAEL A. BROWN
RECORDER