		NE Sec. of	State-	-UCC	
		981693189	6-1		
		Filed: 08/23	- 3/2016	6 02:26 p.m.	
UCC FINANCING STATEMENT AMENDA	/IENT	ROBERT I. I		•	
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) CORPORATION SERVICE COMPANY (8 B. E-MAIL CONTACT AT FILER (optional)	800-858-5294)				
FILINGDEPT@CSCINFO.COM					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
	'				
		Pg: 1 of 1 THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE (ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 9801037365	1b.	(or recorded) in the REA	L ESTATE F	NDMENT is to be filed [for I RECORDS m UCC3Ad) <u>and</u> provide Debto	•
TERMINATION: Effectiveness of the Financing Statement identifications Statement	ed above is terminated with				
ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate af		ssignee in item 7c <u>and</u> name	of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law	tified above with respect to	the security interest(s) of Se	cured Party	authorizing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	heck <u>one</u> of these three boxe CHANGE name and/or addi	ess: CompleteADD na	me: Comple	teitemDELETE name:	Give record nam
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information	item 6a or 6b; <u>and</u> item 7a o on Change - provide only <u>one</u>		o, <u>and</u> item 7	to be deleted in it	em ba or bo
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Part	y Information Change - provide only	one name (7a or 7b) (use exact, full i	name; do not on	nit, modify, or abbreviate any part of	the Debtor's name
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		ISTATE	POSTAL CODE	COUNTRY
76. WHILING ADDITESS			BIATE	T COTAL GODE	GGGIVIIII
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE C	overed collateral A	SSIGN collater
Indicate collateral: PLEDGOR'S 58.09% PARTNERSHIP	INTEREST IN	THE VILLA VIN	JEE C	ΩΜΡΔΝΥ Δ	
NEBRASKA GENERAL PARTNERSH		TITE VILEA VII	VLL O	OWII ANT, A	
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THE IT THE SECURE OF THE SECU	THIS AMENDMENT: Prov provide name of authorizing [(name of As	signor, if this is an Assignme	nt)
9a. ORGANIZATION'S NAME FIRST NATIONAL BANK OF OMAHA	4				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					
110220 - ROBERT I. HANCOCK, III DEE	RTOR-ROBERT	I HANCOCK I	11[1203	938841	

International Association of Commercial Administrators (IACA)