

**Mississippi - UCC3 FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

6/19/06 11:21:32  
 BK 2.499 PG 185  
 DESOTO COUNTY, MS  
 W.E. DAVIS, CH CLERK

A. NAME & PHONE OF CONTACT AT FILER [optional]  
 Carolyn Conway (703) 760-8696

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Reilly Mortgage Group, Inc  
 2010 Corporate Ridge  
 Suite 1000  
 McLean, VA 22102

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
 Book 1552 Page 0302 08/28/02

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/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'S NAME  
 OAK HOLLOW APARTMENTS, L.P.

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

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME  
 OAK HOLLOW APARTMENTS-NE LIMITED PARTNERSHIP

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

7c. MAILING ADDRESS  
 8313 SPRING PLAZA

CITY Omaha	STATE NE	POSTAL CODE 68124	7d. COUNTY # USA
---------------	-------------	----------------------	---------------------

ADDL INFO RE ORGANIZATION DEBTOR [REDACTED]	7e. TYPE OF ORGANIZATION LP	7f. JURISDICTION OF ORGANIZATION Nebraska	7g. ORGANIZATIONAL ID #, if any 10074405 <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.

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'S NAME  
 Reilly Mortgage Group, Inc.

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

10. OPTIONAL FILER REFERENCE DATA  
 MS De Soto County, Amend Debtor., Oak Hollow Apartments: 006535559