

# TAB A-1



EQUIPMENT SCHEDULE NO. 009  
To Master Lease Agreement No. 230463  
Dated \_\_\_\_\_

Ingersoll-Rand Financial Services, a  
division of CitiCapital Commercial  
Leasing Corporation  
3950 Regent Blvd.  
Irving, TX 75063

THE CLIFFS COMMUNITIES, INC.

LESSEE NAME THE CLIFFS AT KEOWEE VINEYARDS

VENDOR NAME \_\_\_\_\_

Address 824 CLUBHOUSE DRIVE

Address \_\_\_\_\_

City SUNSET

State SC

Zip 29685

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

EQUIPMENT LOCATION (Complete only if Equipment will not be located at Lessee's address)

Address: 824 CLUB HOUSE DR

City: SUNSET

State: SC

Zip: 29685

LIST OF EQUIPMENT LEASED UNDER THIS SCHEDULE:

Quantity, Type, Make, Model Number, Serial Number

(65) CLUB CAR GOLF CAR - ELECTRIC PREC 12 EXCEL  
ALL COMPLETE WITH ATTACHMENTS AND ACCESSORIES  
SEE ATTACHED SCHEDULE A

*see memo*

A. TERM: 54 Months following the first day of the month  
after delivery ("Lease Commencement Date")

D. RENTAL PAYMENT: 54 Payments of \$ 4,228.24, or (ii)  
for other than equal successive monthly installments: \_\_\_\_\_

B. TERMINATION VALUE RATE: 3.00 % PER ANNUM

C. PAYMENT SCHEDULE: THE ADVANCE RENTAL PAYMENT, IF ANY,  
IS PAYABLE, AT THE ELECTION OF LESSOR, UPON THE EARLIER  
OF DELIVERY OF THE LEASE APPLICATION TO LESSOR OR THE  
EQUIPMENT TO LESSEE. THE REMAINING RENTAL PAYMENTS ARE  
PAYABLE MONTHLY ON THE FIRST DAY OF EACH MONTH  
BEGINNING ON THE FIRST DAY OF \_\_\_\_\_ (MO./YR.).

E. ADVANCE RENTALS: FIRST 1  
AND LAST \_\_\_\_\_  
RENTAL PAYMENT(S) PLUS APPLICABLE TAXES

F. SECURITY DEPOSIT: 0.00

All Rental Payments are payable as set forth above without notice or demand. All amounts payable hereunder to Lessor are payable at Lessor's address set forth herein or at such other address as Lessor may specify from time to time in writing. "Interim Rental" shall mean the per day rental for the period from the date of delivery of the Equipment ("Delivery Date") to the first Rental Payment date calculated as monthly Rental Payment divided by 30 times the number of days from the Delivery Date through the end of the month prior to which first Rental Payment for the Equipment is due. Interim Rental is payable upon delivery of the Equipment to the Lessee unless deferred by Lessor to the first monthly Rental Payment date.

#### ADDITIONAL PROVISIONS

Lessor hereby agrees to lease to or otherwise finance for Lessee (named above), and Lessee agrees to lease or rent from or otherwise pay for the extension of credit to Lessor the Equipment or modifications listed above, or on any exhibit attached hereto, for the term, and at the additional lease payments as set forth above, subject to all terms and conditions in the Master Lease Agreement dated executed by Lessee and Lessor. Lessor and Lessee agree that the terms, provisions and conditions of the subject Master Lease Agreement are incorporated into this Equipment Schedule.

Lessee authorizes Lessor, or any officer, employee or designee of Lessor, or any assignee of Lessor, to file a financing statement describing the Equipment.

THIS EQUIPMENT SCHEDULE IS NOT BINDING UNTIL ACCEPTED BY LESSOR  
THE CLIFFS COMMUNITIES, INC.

LESSOR: Ingersoll-Rand Financial Services, a division of  
CitiCapital Commercial Leasing Corporation

By: [Signature]

Title: Oper. Assnt

Date Accepted: 6-30-08

Lessee: THE CLIFFS AT KEOWEE VINEYARDS

(Full Legal Name of Lessee)

By: [Signature]

Print Name: [Signature]

Date Signed: 6/10/08

### SCHEDULE A

Attached to and made a part of that certain Security Agreement, Lease Agreement, or Schedule thereto dated \_\_\_\_\_ between THE CLIFFS COMMUNITIES, INC.

DBA THE CLIFFS AT KEOWEE VINEYARDS

and Ingersoll-Rand Financial Services, a division of CITICapital Commercial Leasing Corporation

and attached to and made a part of any other document relating to such Security Agreement, Lease Agreement, or Schedule that references a Schedule A, and may include without limitation an insurance letter and a delivery and acceptance certificate.

(Describe property fully, including year if appropriate, make, model, kind of unit, serial number and any other pertinent information.)

(65) CLUB CAR GOLF CAR - ELECTRIC PREC 12 EXCEL  
COMPLETE WITH ALL ATTACHMENTS AND ACCESSORIES

THE CLIFFS COMMUNITIES, INC.

By: X

Title: X

[Signature]  
OF Procurement





**STANDARD RETURN CONDITIONS RIDER**  
(Club Car)

This Standard Return Conditions Rider (this "Rider") is attached to and incorporated into the terms of that certain Lease Agreement or Equipment Schedule (the "Lease") between INGERSOLL RAND FINANCIAL SERVICES  
A DIVISION OF CITICAPITAL COMMERCIAL LEASING CORPORATION

as Lessor and THE CLIFFS COMMUNITIES, INC.

DBA THE CLIFFS AT KEOWEE VINEYARDS

as Lessee, dated                     

1. **RETURN OF EQUIPMENT.** Notwithstanding anything to the contrary contained in the Lease, and in addition to the terms and conditions contained therein and herein, Lessee shall, at Lessee's sole cost and expense, return all, but not less than all, of such Equipment to Lessor immediately upon the expiration of the Term of the Lease pursuant to the terms and conditions contained in the Lease and, with respect to each item of Equipment, as applicable, the following must be true:

- (A) All Safety Equipment must be in place and meet applicable federal, state and other governmental standards.
- (B) All covers and guards must be in place with no sheet metal, plastic, or cowlage damage.
- (C) All parts, pieces, components and optional equipment must be present, installed and operational. All accessories that accompany units shall be returned in proper order.
- (D) All motors shall operate smoothly without overheating and shall have good bearings and bushings.
- (E) All electronic controls shall operate per manufacturer's specifications. Controls which bypass normal operations shall be repaired at Lessee's expense.
- (F) All electrical systems shall be able to provide electrical output as specified by the manufacturer.
- (G) All batteries shall be in good, safe operating condition with no dead cells or cracked cases. Batteries should hold a charge and provide adequate power to operate the equipment.
- (H) All Equipment shall have serviceable tires, retaining proper air pressure, and without repair patches.
- (I) All oil and grease seals must contain lubrication in the manufacturers designed reservoir.
- (J) All Equipment must have a relatively clean appearance.
- (K) All Equipment shall be free from excessive wear necessitating major component repair or replacement caused by lack of recommended maintenance as detailed in customer operation/maintenance manual furnished with each item of Equipment.
- (L) All Equipment shall be free from structural damage or bent frames.
- (M) All Equipment attachments, if any, must be in good condition.

2. **RETURN PERFORMANCE.** Each item of Equipment must be able to complete the following tests:

- (i) Operate normally in forward and reverse directions through all its speed ranges or gears.
- (ii) Steer normally right and left in both forward and reverse.
- (iii) Have all functions and controls work in normal manner.
- (iv) Be able to stop with its service brakes in a safe distance in both forward and reverse.
- (v) Operate without leaking any fluids.
- (vi) Perform its designed functions in a satisfactory manner.

Notwithstanding the above, repairs under \$100.00 will not be billed to the Lessee.

3. **REQUIRED PURCHASE.** If, in the sole judgment of Lessor, any item of Equipment is damaged or does not meet the standards set forth above, or if Lessee fails to discharge its obligations set forth above with regard to any item of Equipment, Lessee shall pay to Lessor, immediately upon demand, the Fair Market Value of such item of Equipment.

4. **DEFINED TERMS.** All capitalized terms used herein but not otherwise defined herein shall have the definitions prescribed for such terms in the Lease.

INGERSOLL RAND FINANCIAL SERVICES  
A DIVISION OF CITICAPITAL COMMERCIAL  
LESSOR: LEASING CORPORATION

By

Name

Title

Ruth C Smith  
Ruth C Smith  
Oper Assist I

THE CLIFFS COMMUNITIES, INC.

LESSEE: DBA THE CLIFFS AT KEOWEE VINEYARDS

By

Name

Title

X Steve Senan  
X DIRECTOR OF  
PROCUREMENT

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (opt. one) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO (Name and Address) 11258 CITICAPITAL CO  UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071  14696892 SCSC	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names				
1a. ORGANIZATION'S NAME THE CLIFFS COMMUNITIES, INC.				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 824 CLUBHOUSE DRIVE		CITY SUNSET	STATE SC	POSTAL CODE 29685 COUNTRY USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION SC	1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names				
2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)				
3a. ORGANIZATION'S NAME CITICAPITAL COMMERCIAL LEASING CORPORATION				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 3950 REGENT BLVD		CITY IRVING	STATE TX	POSTAL CODE 75063 COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

(45) CLUB CAR GOLF CAR - ELECTRIC PREC 12 EXCEL Together with all present and future attachments, accessories, exchanges, replacement parts, repairs, and additions thereto, and all chattel paper, documents, general intangibles, payment intangibles, instruments, accounts and contract rights now existing or hereafter arising with respect to any thereof, and all cash and non-cash proceeds of any of the foregoing.

080616-1131513

UCC-1 FINANCING STATEMENT

Lapse Date: 06-16-2013 11:31:51 Filing Fee: 8 ORIG



5. ALTERNATIVE DESIGNATION (if applicable) <input checked="" type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)					
7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) At Debtors: Debtor 1: Debtor 2:					
8. OPTIONAL FILER REFERENCE DATA					

14696892

GG

587409





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Willis North America One Glenlake Parkway Attn: Elaine Bielenberg Atlanta GA 30328		<b>CONTACT NAME:</b> Elaine Bielenberg <b>PHONE (A/C No. Ext):</b> 404 302-3815 <b>E-MAIL:</b> elaine.bielenberg@willis.com <b>FAX (A/C No.):</b> 404-942-5110 <b>ADDRESS:</b> elaine.bielenberg@willis.com															
<b>INSURED</b> The Cliffs Communities, Inc. 3598 Highway 11 Travelers Rest SC 29690		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Liberty Surplus Insurance Cor</td> <td>10725</td> </tr> <tr> <td>INSURER B: Firemans Fund Insurance Compa</td> <td>21873</td> </tr> <tr> <td>INSURER C: Wausau Insurance Company</td> <td>140</td> </tr> <tr> <td>INSURER D: Lloyd's &amp;/or Certain London C</td> <td></td> </tr> <tr> <td>INSURER E: Landmark Insurance Company</td> <td>35637</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: Liberty Surplus Insurance Cor	10725	INSURER B: Firemans Fund Insurance Compa	21873	INSURER C: Wausau Insurance Company	140	INSURER D: Lloyd's &/or Certain London C		INSURER E: Landmark Insurance Company	35637	INSURER F:	
INSURER	NAIC #																
INSURER A: Liberty Surplus Insurance Cor	10725																
INSURER B: Firemans Fund Insurance Compa	21873																
INSURER C: Wausau Insurance Company	140																
INSURER D: Lloyd's &/or Certain London C																	
INSURER E: Landmark Insurance Company	35637																
INSURER F:																	

**COVERAGES** **CERTIFICATE NUMBER:** 1661250175 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	GENERAL LIABILITY			DGLB00714331	7/1/2010	7/1/2011	<table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>\$1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td>\$50,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$</td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td>\$1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$2,000,000</td> </tr> <tr> <td>PRODUCTS - COMPOP AGG</td> <td>\$2,000,000</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMPOP AGG	\$2,000,000		\$
EACH OCCURRENCE	\$1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000																				
MED EXP (Any one person)	\$																				
PERSONAL & ADV INJURY	\$1,000,000																				
GENERAL AGGREGATE	\$2,000,000																				
PRODUCTS - COMPOP AGG	\$2,000,000																				
	\$																				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC																				
C	AUTOMOBILE LIABILITY			ASJZ91454884020	7/1/2010	7/1/2011	<table border="1"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td>\$1,000,000</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td>\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS																				
B	UMBRELLA LIAB			S0000048099337	7/1/2010	7/1/2011	<table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>\$30,000,000</td> </tr> <tr> <td>AGGREGATE</td> <td>\$30,000,000</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$30,000,000	AGGREGATE	\$30,000,000		\$								
EACH OCCURRENCE	\$30,000,000																				
AGGREGATE	\$30,000,000																				
	\$																				
	<input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0																				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCJZ91454884010	7/1/2010	7/1/2011	<table border="1"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$500,000</td> </tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$500,000	E.L. DISEASE - EA EMPLOYEE	\$500,000	E.L. DISEASE - POLICY LIMIT	\$500,000						
<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER																				
E.L. EACH ACCIDENT	\$500,000																				
E.L. DISEASE - EA EMPLOYEE	\$500,000																				
E.L. DISEASE - POLICY LIMIT	\$500,000																				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A																			
D	Property Special Incl			WB0003396	7/1/2010	7/1/2011	<table border="1"> <tr> <td>Policy limit</td> <td>\$60,361,753</td> </tr> <tr> <td>Flood/Earthquake</td> <td>\$1,000,000</td> </tr> <tr> <td>FL Ded</td> <td>2% Per Occ</td> </tr> </table>	Policy limit	\$60,361,753	Flood/Earthquake	\$1,000,000	FL Ded	2% Per Occ								
Policy limit	\$60,361,753																				
Flood/Earthquake	\$1,000,000																				
FL Ded	2% Per Occ																				
E	Inland Marine			LHT368364	7/1/2010	7/1/2011															
	Deductible \$5,000																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is Loss Payee and Additional Insured as respects attached schedule. 5421547001. See Attached Schedule as respects Stated Value of Asset or ACV.

## CERTIFICATE HOLDER

GE Capital  
P O Box 35702  
Billings MT 59107-5702

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Shuncan T. McGee*

**Asset Description(s):**

VIN	Year	Model #	Make	Account Schedule	Asset Id	Equipment Description
PQ0739-821099+	2007	ELE PRE	CLUB CAR (IR)	5421547001	1705419	GOLF CAR - ELECTRIC

RG0733-799111	2007	CA2G	CLUB CAR (IR)	5421547001	1705420	GOLF CAR - UTILITY
KG0733-799112	2007	VILL 6G	CLUB CAR (IR)	5421547001	1705421	GOLF CAR - UTILITY
HG0733-799113	2007	CA1G	CLUB CAR (IR)	5421547001	1705422	GOLF CAR - UTILITY

VIN/SN	Year	Model #	Make	Account Schedule	Asset Id	Equipment Description
KG0748-843027	2007	VILLA 6G	CLUB CAR (IR)	5421548001	1724070	TRANSPORTATION VEHICLE
VIN	Year	Model #	Make	Account Schedule	Asset Id	Equipment Description
PQ0809-878312+	2008	ELE PRE	CLUB CAR (IR)	5421549001	1762479	68 GOLF CARS ELECTRI

See below for # '50'

VIN/SN	Year	Model #	Make	Account Schedule	Asset Id	Equipment Description
KG0846-981075	2008	VILLA	CLUB CAR (IR)	5421551001	1836706	GAS UTILITY VEHICLE

VIN/SN	Year	Model #	Make	Account Schedule	Asset Id	Equipment Description
PH0903-992783 +	2008	ELE PRE 12 EXCE	CLUB CAR (IR)	5421552001	1843097	65 ELEC GOLF CARS

VIN	Year	Model #	Make	Account Schedule	Asset Id	Equipment Description
PH0904-995064 +	2008	ELE PRE 12 EXCE	CLUB CAR (IR)	5421553001	1843086	64 ELEC GOLF CARS
RG0903-991465 +	2008	CA2G	CLUB CAR (IR)	5421553001	1843087	2 GAS UTILITY VEHICLES

VIN/SN	Year	Model #	Make	Account Schedule	Asset Id	Equipment Description
PH0846-982514 +	2008	ELE PRE	CLUB CAR (IR)	5421550001	1832657	65 CC GC ELE PRE

THE CLIFFS COMMUNITIES INC