UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 32078

| | | 20040318000137640 | 2 Pg 1/1 28.00 |
|--|--|---|--|
| | | Shelby Cnty Judge 03/18/2004 08:26 | :00 FILED/CERTIFIED |
| CC FINANCING STATEMENT AM | ENDMENT | | |
| LLOW INSTRUCTIONS (front and back) CAREFULL'S NAME & PHONE OF CONTACT AT FILER [optional] | | | |
| | | | |
| S. SEND ACKNOWLEDGMENT TO: (Name and Address | s) | | |
| | | | |
| First Commercial Bank | | | |
| PO Box 11746 | | | |
| Birmingham, AL 35202 | | | |
| | | | |
| | | | |
| | | THE ABOVE SPACE IS FOR FILING OF | |
| a. INITIAL FINANCING STATEMENT FILE # 2000-43399 Shelby Count | 5.7 | | STATEMENT AMENDMENT in ord] (or recorded) in the ECORDS. |
| TERMINATION: Effectiveness of the Financing Statem | | | |
| CONTINUATION: Effectiveness of the Financing State | | | |
| continued for the additional period provided by applicable | | AND DE LIE DESIGNATION OF MUNICIPALITY CITIS COLI | |
| ASSIGNMENT (full or partial): Give name of assignee i | n item 7a or 7b and address of assignee in item 7c; and | d also give name of assignor in item 9. | |
| AMENDMENT (PARTY INFORMATION): This Amend | | | |
| Also check one of the following three boxes and provide appro | | | |
| CHANGE name and/or address: Please refer to the detailed in regards to changing the name/address of a party. | od instructions DELETE name: Give record to be deleted in item 6a or 6 | | te item 7a or 7b, and also te items 7e-7g (if applicable) |
| CURRENT RECORD INFORMATION: | | | |
| 6a. ORGANIZATION'S NAME | | | |
| Caldwell Mill, LLP 66. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | TSUFFIX |
| 100. INDIVIDUAL'S LAST NAME | FIRST INAME | INIDDEE INVIAIE | |
| OUANOED (NEMA OD ADDED INCODMATION) | · · · · · · · · · · · · · · · · · · · | | |
| CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME | | | |
| | | | |
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| . MAILING ADDRESS | CITY | STATE POSTAL CO | DE COUNTRY |
| | | | |
| . <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 7e. TYPE OF ORGANIZATION | ORGANIZATION 7f. JURISDICTION OF ORGAN | NIZATION 7g. ORGANIZATIONAL | ID #, if any |
| DEBTOR | | | N N |
| AMENDMENT (COLLATERAL CHANGE): check only | | | |
| Describe collateral X deleted or added, or give entire | restated collateral description, or describe collate | eral assigned. | |
| Partial Release: | | | |
| raittar merease. | | | |
| Lots 139, 140, 141, 155 | , 161-A, 177, according | to the Survey of Phas | e Two, Caldwe |
| | as recorded in Map Book | | |
| of Shelby County, Alaba | ma. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| adds collateral or adds the authorizing Debtor, or if this is a Te | | | |
| 9a. ORGANIZATION'S NAME | | | |
| adds collateral or adds the authorizing Debtor, or if this is a Te | | | |