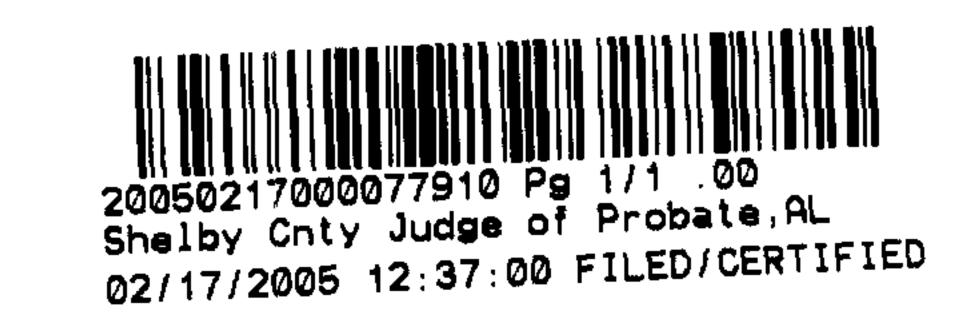
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LICO CINIANIO OTATEMENT ABBENIDAS			
UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Michele Smith			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Bank of Alabama			
P. O. Box 59587			
Birmingham, AL 35209			
	THE A	BOVE SPACE IS FOR FILIN	G OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 1999-26195			ING STATEMENT AMENDMENT is record] (or recorded) in the
	have is terminated with respect to security inter-	REAL ESTA	TE RECORDS.
2. X TERMINATION: Effectiveness of the Financing Statement identified a CONTINUATION: Effectiveness of the Financing Statement identified			والمراج والمراج والمراج والمراج والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع
continued for the additional period provided by applicable law.	d above with respect to security interest(s) of	ine Secured Party authorizing thi	s Continuation Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also g	ive name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. C	heck only <u>one</u> of these two boxes	\$.
Also check one of the following three boxes and provide appropriate information			
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address of	b; also give new DELETE name: Give hange) in item 7c. to be deleted in item		Complete item 7a or 7b, and also complete items 7d-7g (if applicable)
6a. ORGANIZATION'S NAME			
Financial Parnters, LLC			
66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	<del></del>	<del></del>	
DR		······································	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTA	L CODE COUNTRY
		Jana Posia	COONTRI
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATIO	N 7f. JURISDICTION OF ORGANIZATIO	N 7g. ORGANIZATIO	NAL ID #, if any
ORGANIZATION DEBTOR			NONE
3. AMENDMENT (COLLATERAL CHANGE); check only one box.		<del></del>	INCINE
Describe collateral deleted or added, or give entire restated co	ollateral description, or describe collateral	assigned.	
Termination			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT (name of assignor, if this is a	n Assignment). If this is an Amen	dment authorized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized ORGANIZATION'S NAME	orized by a Debtor, check here and enter na	me of DEBTOR authorizing this	Amendment.
Bank of Alabama			
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
0.OPTIONAL FILER REFERENCE DATA			
60659-Shelby JOP			