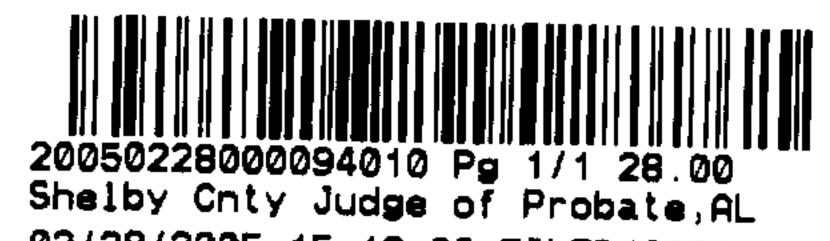
	 			
		·	-	
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02/28/2005 15:18:00 FILED/CERTIFIED

		IENTAMENDMEN	VT				
A. NAME & PHONE OF							
	1-800-858-5	• •					
B. SEND ACKNOWLED							
11973946							
•							
Diligenz, Ir							
Mukilteo, V		Pkwy, Suite 400					
iviakiiteo, v	VA 30273						
		Filed In: Alaban	na Shelby I				
			<u></u>	SDACE IS EOD EIL ING OFFICE			
1a. INITIAL FINANCING ST		E SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is					
2000-18269	06/02/2000			to be filed [for record] (or	r recorded) in the		
2. TERMINATION: E	Effectiveness of the F	inancing Statement identified above i	is terminated with respect to security interest(s) of	REAL ESTATE RECORD f the Secured Party authorizing this Ter	rmination Statement		
3. CONTINUATION:	Effectiveness of the	Financing Statement identified abo	ove with respect to security interest(s) of the Sec	ured Party authorizing this Continuat	ion Statement is		
continued for the add	itional period provide	ed by applicable law.		and any additionally this conditional	Ou Statement is		
4. ASSIGNMENT (ful	l or partial): Give na	me of assignee in item 7a or 7b and	address of assignee in item 7c; and also give nam	ne of assignor in item 9.	· · · · · · · · · · · · · · · · · · ·		
			ebtor or Secured Party of record. Check or				
		nd provide appropriate information in i					
CHANGE name and/or in regards to changing	address: Please reference the name/address of a	r to the detailed instructions a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7:	a or 7b, and also item 7c;		
6. CURRENT RECORD II	<u> </u>		to be deleted in item oa of ob.	also complete items 7e-7g (if	applicable).		
6a. ORGANIZATION'S							
~~ I		ERTIES, L.L.C.					
6b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	MIDDLE NAME	MIDDLE NAME SUFFIX		
7. CHANGED (NEW) OR		LION:					
7a. ORGANIZATION'S	NAME			······································			
OR 71 14151161161							
7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX		
7c. MAILING ADDRESS			CITY	STATE POSTAL CODE	COUNTRY		
7d SEE INSTRUCTIONS	ADDIL INCO DE	Ta					
7d. <u>SEE INSTRUCTIONS</u>	ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any			
	DEBTOR				NONE		
8. AMENDMENT (COLL							
Describe collateral de	eleted oradded,	, or give entirerestated collatera	al description, or describe collateral assign	red.			
9. NAME OF SECURED	PARTY of REC	ORD AUTHORIZING THIS AME	ENDMENT (name of assignor, if this is an Assign	nment) If this is an Amendment author	rized by a Debtor which		
auds conateral of auds the	authorizing Debtor,	or if this is a Termination authorized (by a Debtor, check here and enter name of D	EBTOR authorizing this Amendment	L		
9a. ORGANIZATION'S N							
OR AMSOUTH BA							
9b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE NAME	SUFFIX		
10,0PTIONAL FILER REFER		1/51111/545					
U 1-2009/8-541	201-100011	- KELLY DAVIS - AMA	ZING GRACE PROPERTIES,	, L.L <i>.</i> C.	11973946		