

	LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]						
<u>—</u> В.	SEND ACKNOWLEDGMENT TO: (Name and Address)						
	REGIONS BANK 417 N 20TH STREET SUITE 620 BIRMINGHAM, AL. 35126						
			THE ADOME ODA	<b>~=</b> 1			
	INITIAL FINANCING STATEMENT FILE # 20050714000352820		THE ABOVE SPA	1b.	This FINANCING STATE to be filed [for record] (or	MENT AMENDMENT	
<u>.</u>	TERMINATION: Effectiveness of the Financing Statement identified	l above is terminated with respect to s	ecurity interest(s) of the So	ecure	REAL ESTATE RECORD d Party authorizing this Ten		
<b>}</b> .	CONTINUATION: Effectiveness of the Financing Statement ident continued for the additional period provided by applicable law.						
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or	7b and address of assignee in item 7	c; and also give name of a	assign	or in item 9.		
	AMENDMENT (PARTY INFORMATION): This Amendment affects		of record. Check only one	of th	ese two boxes.		
	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate inform CHANGE name and/or address: Give current record name in item 6a of	or 6b: also give new TT DELETE	name: Give record name	Γ	☐ ADD name: Complete it	em 7a or 7b, and also	
. 1	name (if name change) in item 7a or 7b and/or new address (if address CURRENT RECORD INFORMATION:	change) in item 7cto be dele	eted in item 6a or 6b.		item 7c; also complete it	ems 7d-7g (if applicat	
	6a. ORGANIZATION'S NAME  DIDCE TO ACE LIC						
R	RIDGE TRACE, LLC  6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MID	DLE NAME	CHECTY	
		T INOT NATUL		טוואו	DEC INMINE	SUFFIX	
_	CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>			
	7a. ORGANIZATION'S NAME			**		<del></del>	
R	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	·—····································	IMID	DLE NAME	SUFFIX	
					OLL HANL	SOFFIX	
c.	MAILING ADDRESS	CITY	<u></u>	STA	TE POSTAL CODE	COUNTRY	
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ION 7f. JURISDICTION OF OR	GANIZATION	7g. (	ORGANIZATIONAL ID #, if	any	
	ORGANIZATION DEBTOR					N	
	AMENDMENT (COLLATERAL CHANGE): check only one box.						
C	Describe collateral 🗸 deleted or 🗌 added, or give entire 📗 restated	collateral description, or describe c	ollateral assigned.				
	ots 22A and 23A, according to a Resurvey of Lots obate Office of Shelby County, Alabama. ESS AND EXCEPT that portion of the above said idge Subdivision, as recorded in Map Book 22, pa	lots previously known as	Lots 22 and 23, a	acco	rding to the Surve		
r J	age Subdivision, as recorded in Map Book 22, pa						
r L	age Subdivision, as recorded in wap book 22, pa						
r Li							
Pr Zi Ri	NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination au	IIS AMENDMENT (name of assignathorized by a Debtor, check here	or, if this is an Assignment and enter name of DEBT	). If t	nis is an Amendment autho authorizing this Amendment	rized by a Debtor which	
Pr Li Ri	NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing ORGANIZATION'S NAME	IIS AMENDMENT (name of assignation)	or, if this is an Assignment and enter name of DEBT	). If t	nis is an Amendment autho authorizing this Amendment	rized by a Debtor which	
Yr Zi R	NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorized REGIONS BANK	IIS AMENDMENT (name of assignation)  thorized by a Debtor, check here	and enter name of DEBT	OR a	nis is an Amendment authonuthorizing this Amendment	rized by a Debtor which	