А. I С	C FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] orporation Service Company 1-800-858-5294 SEND ACKNOWLEDGMENT TO: (Name and Address)		Shelby	29000307400 1/1 \$29.00 Cnty Judge of Probate, AL 2013 01:59:55 PM FILED/CERT		
	78141472 - 336190  Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703					
	Filed In: Alabam	na Shelby	THE ABOVE SPA	CE IS FO	R FILING OFFICE USI	E ONLY
	NITIAL FINANCING STATEMENT FILE #				FINANCING STATEMEN e filed [for record] (or reco	
	0090102000000940 01/02/2009  TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to	security interest(s) of the S			<u></u>
- [ - [	CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ve with respect to security i	nterest(s) of the Secured	Party autho	rizing this Continuation S	
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a					
	MENDMENT (PARTY INFORMATION): This Amendment affects De	<del></del>	of record. Check only <u>on</u>	<u>e</u> of these t	wa boxes.	
ſ	CHANGE name and/or address: Please refer to the detailed instructions	DELETE name: Give		ADDn	ame: Complete item 7a or 7 omplete items 7e-7g (if applic	b, and also item 7d
(	in regards to changing the name/address of a party.  CURRENT RECORD INFORMATION:	to be deleted in item (	oa Oi Ob.	413000	on protesterno re rigiti appri	
	6a. ORGANIZATION'S NAME WATERSTONE DEVELOPME	ENT LLC				
R	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u> </u>	MIDDLE	VAME	SUFFIX
. (	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME					
R	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
 :.	MAILING ADDRESS	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
i.	SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF O	RGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	N
	AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.  Describe collateral deleted or added, or give entire restated collaters.	al description, or describe	collateral assigned.			
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI	ENDMENT (name of assic	nor, if this is an Assignmen	nt). If this is	an Amendment authorized	by a Debtor wh
а	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized					by a Debtor wh
а						by a Debtor wh
а	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized				rizing this Amendment.	by a Debtor whi