

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Register, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

<input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.																																																																																																				
1. Return copy or recorded original to Gary Otten Metropolitan Life Insurance Company 2400 Lakeview Parkway, Suite 400 Alpharetta, GA 30004 Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center;"> <p style="transform: rotate(-90deg);">Inst # 2001-01729</p> <p style="transform: rotate(-90deg);">01/17/2001-01729</p> <p style="transform: rotate(-90deg);">09:24 AM CERTIFIED</p> <p style="transform: rotate(-90deg);">SHELBY COUNTY JUDGE OF PROBATE</p> <p style="transform: rotate(-90deg);">.00</p> <p style="transform: rotate(-90deg);">001 CJI</p> </div>																																																																																																				
2. Name and Address of Debtor (Last Name First if a Person) Colonial Realty, Limited Partnership 2101 6th Avenue, North, Suite 750 Birmingham, AL 35203 Attention: Thomas H. Lowder Social Security/Tax ID # _____		FILED WITH:																																																																																																				
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____																																																																																																						
<input type="checkbox"/> Additional debtors on attached UCC-E																																																																																																						
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) Metropolitan Life Insurance Company One Madison Avenue New York, NY 10010 Social Security/Tax ID # _____																																																																																																						
<input type="checkbox"/> Additional secured parties on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)																																																																																																				
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>1997-00847</u> Filed with <u>Shelby County Judge of Probate</u>		Date Filed <u>1/9/97</u> 19__																																																																																																				
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. 11. _____																																																																																																						
11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Check X if covered: <input type="checkbox"/> Products of Collateral are also covered. </div> <div style="width: 50%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>																																																																																																						
Signature(s) of Debtor(s) _____ Signature(s) of Debtor(s) (necessary only if item 9 is applicable) _____ Type Name of Individual or Business _____		METROPOLITAN LIFE INSURANCE Company Signature(s) of Secured Party(ies) _____ By: <u>William E. Lowder</u> Signature(s) of Secured Party(ies) _____ Assistant Vice President Type Name of Individual or Business _____																																																																																																				