

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) carefully

Inst # 2002-04993

11/29/2002-04993  
1:43 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
25.00  
001 CH

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  The Travelers Insurance Company 6750 Poplar Avenue, Suite 109 Memphis, Tennessee 38138 Attention: AgriFinance Department

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # <b>#2000-42029 (Alabama Secretary of State)</b>		1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input checked="" type="checkbox"/>	
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.			
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement. Is continued for the additional period provided by applicable law.			
4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.			
5. AMENDMENT (PARTY INFORMATION): This amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7 <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b <input type="checkbox"/> ADD name: Complete item 7a or 7b and also item 7c; also complete items 7d-7g (if applicable).			
6. CURRENT RECORD INFORMATION			
6a. ORGANIZATION'S NAME <b>Cahaba Forests, LLC</b>			
OR			
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME
			SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION			
7a. ORGANIZATION'S NAME			
OR			
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME
			SUFFIX
7c. MAILING ADDRESS <b>c/o Hancock Timber Resource Group 99 High Street, 26<sup>th</sup> Floor</b>		CITY <b>Boston</b>	STATE <b>MA</b>
		POSTAL CODE <b>02110-2320</b>	COUNTRY <b>USA</b>
7d. TAX ID #: SSN OR EIN <b>[REDACTED]</b>	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION <b>Limited liability company</b>	7f. JURISDICTION OF ORGANIZATION <b>Delaware</b>
			7g. ORGANIZATIONAL ID #, if any  <input type="checkbox"/> NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box Describe collateral <input checked="" type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.  <b>This is a PARTIAL RELEASE, which pertains only to the tracts of land described on Exhibit A attached hereto.</b>			
9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME <b>The Travelers Insurance Company, in its capacity as Collateral Agent</b>			
OR			
9b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME
			SUFFIX
10. OPTIONAL FILER REFERENCE DATA  <b>Loan #207296-0 - Transaction #25</b>			

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

**EXHIBIT A**

**ATTACHMENT TO UCC3 FINANCING STATEMENT AMENDMENT  
(COLLATERAL CHANGE)**

**Legal Description of Land Subject to Partial Release**

**Township 21 South, Range 4 West, Shelby County, Alabama**

**Section 16:** That part of the North one-half of the Northeast Quarter (N1/2 of NE ¼) North of the Cahaba River;

The Northwest Quarter (NW ¼) North and West of the Cahaba River;

That part of the Northwest Quarter of the Southwest Quarter (NW ¼ of SW ¼) West of the Cahaba River.

**Section 17:** The Northwest Quarter of the Southeast Quarter (NW ¼ of SE ¼);

The South One-half of the Southeast Quarter (S ½ of SE ¼ ) North and West of the Cahaba River.

Being a portion of the premises conveyed to Borrower by deed dated February 10, 2000, recorded in the Probate Office of Shelby County, Alabama as Instrument Number 2000-04451.

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**01/29/2002-04993**

**01:43 PM CERTIFIED**

**SHELBY COUNTY JUDGE OF PROBATE**

**001 CH 25.00**