

20020528000249240 Pg 1/1 28.00
Shelby Cnty Judge of Probate, AL
05/28/2002 12:07:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<p>A. NAME & PHONE OF CONTACT AT FILER [optional] Traci Langston</p>
<p>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</p> <p>First Commercial Bank P O Box 11746 Birmingham, Al. 35202</p>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

<p>1a. INITIAL FINANCING STATEMENT FILE # 1997-38388</p>		<p>1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input checked="" type="checkbox"/></p>																					
<p>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.</p>																							
<p>3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.</p>																							
<p>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.</p>																							
<p>5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input checked="" 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).</p>																							
<p>6. CURRENT RECORD INFORMATION:</p> <table border="1"> <tr> <td colspan="4">6a. ORGANIZATION'S NAME BW & MMC, LLC</td> </tr> <tr> <td>OR</td> <td>6b. INDIVIDUAL'S LAST NAME</td> <td>FIRST NAME</td> <td>MIDDLE NAME SUFFIX</td> </tr> </table>				6a. ORGANIZATION'S NAME BW & MMC, LLC				OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX												
6a. ORGANIZATION'S NAME BW & MMC, LLC																							
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX																				
<p>7. CHANGED (NEW) OR ADDED INFORMATION:</p> <table border="1"> <tr> <td colspan="4">7a. ORGANIZATION'S NAME</td> </tr> <tr> <td>OR</td> <td>7b. INDIVIDUAL'S LAST NAME</td> <td>FIRST NAME</td> <td>MIDDLE NAME SUFFIX</td> </tr> <tr> <td colspan="2">7c. MAILING ADDRESS</td> <td>CITY</td> <td>STATE POSTAL CODE COUNTRY</td> </tr> <tr> <td>7d. TAX ID #: SSN OR EIN</td> <td>ADD'L INFO RE ORGANIZATION DEBTOR</td> <td>7e. TYPE OF ORGANIZATION</td> <td>7f. JURISDICTION OF ORGANIZATION</td> </tr> <tr> <td colspan="3"></td> <td>7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE</td> </tr> </table>				7a. ORGANIZATION'S NAME				OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX	7c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY	7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION				7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
7a. ORGANIZATION'S NAME																							
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX																				
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY																				
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION																				
			7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE																				
<p>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.</p>																							

Partial Release ONLY of:

Lot 152, according to the Survey of Lake Forest, First Sector as recorded in Map Book 26, Page 143, in the Office of the Judge of Probate of Shelby County.

<p>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.</p>			
<p>9a. ORGANIZATION'S NAME</p>			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX