IMPORTANT -- READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM -- DO NOT DETACH STUB

			Shelb	528000249250 Pg 1/1 y Cnty Judge of Pro /2002 12:09:00 FILE	bate,AL
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Traci Langston B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
First Commercial Bank P O Box 11746 Birmingham, Al. 35202					
1a. INITIAL FINANCING STATEMENT FILE # 1999-40865			1b. This	FILING OFFICE USE OFFI	MENDMENT is
 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 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. ASSIGNMENT (full or partial): Give name of assignee in item 7s 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 Debt Also check one of the following three boxes and provide appropriate information in its CHANGE name and/or address: Give current record name in item 6s or 6b; also name (if name change) in item 7s or 7b and/or new address (if address change) if 6. CURRENT RECORD INFORMATION: 6. ORGANIZATION'S NAME	ms 6 and/or 7.	DELETE name: Give record name to be deleted in item 6a or 6b.	[□] AD(name: Complete item 7a or 7c: also complete items 7d-7	7b, and also o (if applicable).
OR BW & MMC, LLC 65. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDOLE NAME		SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
7c. MAILING ADDRESS	CITY			POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.			7g. ORGA	NIZATIONAL ID #, if any	NONE
ParticialRelease ONLY of: Lots 403, 404, 409, 410, & 429 according to the Survey of Lake Forest, FOURTH Sector as recorded in Map Book 28, Page 93 in the Office of the Judge of Probate of Shelby Co.					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of sesignor, 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 and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	, , , , , , , , , , , , , , , , , , ,	MIDDLE	AME	SUFFIX

10.0PTIONAL FILER REFERENCE DATA