



UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]			
Tonya Grimes			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
	<del></del> 1		
Bank of Alabama			
P. O. Box 59587			
Birmingham, AL 35209			
	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT	MENDMENT is
1998-31626		to be filed [for record] (or records  REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the	Secured Party authorizing this Termination	n Statement.
3. 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.			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	ddress of assignee in item 7c; and also give name of	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.			
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in ite	<u> </u>		
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	give new DELETE name: Give record name in item 7c. to be deleted in item 6a or 6b.	ADD name: Complete item 7a o item 7c; also complete items 7d	or 7b, and also -7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
CR Lindsey Development Company, LLC 6b. INDIVIDUAL'S LAST NAME	TOTALANT.		
SO, MISTING EACH WAIVE	FIRST NAME	MIDDLE NAME	SUFFIX
7 CHANGED (NEW) OR ADDED INFORMATION.			
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME		<del></del>	
OR 76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Teurriv
		MIDDEL MANE	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
		OTATE TOOTAL GODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<u></u>
ORGANIZATION DEBTOR			
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		<del></del>	NONE
Describe collateral  deleted or  added, or give entire restated collateral	description, or describe collateral Dessigned		
PARTIAL RELEASE:	assigned.		
	of Soction 26. Township 24		•
Commence at the NE corner of the NW ¼ of Section 36, Township 21 South, Range 3 West;			
thence South 86° 11' 13" East a distance of 499.50 fett; thence South 12° 35' 04" East a distance			
of 288.31 feet; thence North 74° 5" 51" East a distance of 323.35 feet to point of beginning;			
thence continue along last described course a distance of of 246.94 feet; thence South 18° 52'			
38" East a distance of 296.54 feet; thence §	South 74 ° 54' 16" West a d	listance of 93.07 feet	•
thence South 79° 43' 02" West a distance of 162.83 feet; thence North 17° 23' 19" West a			
distance of 279.27 feet to the point of begin	nina	— O 10 1100t u	
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN	NDMENT (name of assignor, if this is an Assignment	t). If this is an Amendment authorized by	a Debtor which
and enter name of DEBTOR authorizing Debtor, of it this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME  Rank of Alahama			
OR Bank of Alabama 48/8/9b. INDIVIDUAL'S LAST NAME	- LESTER D. HAM.		
	FIRST NAME	MIDDLE NAME	SUFFIX
10.OPTIONAL FILER REFERENCE DATA			
#60131 Shelby County, AL			
Circley County, AL			