

UCC FINANCING STATEMENT AMENDMEN	IT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Bank of Alabama			
P. O. Box 59587			
Birmingham, AL 35209			
	THE ABOVE S	PACE IS FOR FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEMEN	NT AMENDMENT is
1996-31626	1	to be filed [for record] (or record).  REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above i		ر روس المساوي	فالوفات والمراقي المراقي المراق
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secui	red Party authorizing this Continuation 3	Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De	btor or Secured Party of record. Check only	one of these two boxes.	
Also check one of the following three boxes and provide appropriate information in i			<b>-</b>
CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change	o give new DELETE name: Give record na ) in item 7c. to be deleted in item 6a or 6b.	item 7c; also complete item	/a or 7b, and also 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	<del></del>	<del></del>	<del></del>
Lindsey Development Company, LLC			
66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Lindsey	Robert	W.	
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
76. 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   7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	,
ORGANIZATION DEBTOR			
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			NONE
Describe collateral X deleted or added, or give entire restated collatera	al description, or describe collateral assigned	d.	
LOT 225, ACCORDING TO THE RESURV	•		•
SECTOR 2, AS RECORDED IN MAP BOO	OK 28, PAGE 105 IN THE	PROBATE OFFICE	OF
SHELBY COUNTY, ALABAMA.			
NAME OF SECURED PARTY OF RECORD ALITHOPIZING THIS AME	ENIFOLISME		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here  and enter name of DE	nent). It this is an Amendment authorized BTOR authorizing this Amendment.	by a Debtor which
9a. ORGANIZATION'S NAME		<del></del>	<del></del>
Bank of Alabama	Trimortica	_ <del>`</del>	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
O.OPTIONAL FILER REFERENCE DATA			
Loan #60131 Judge of Probate			