



UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Stephen R. Monk (205) 521-8429 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Stephen R. Monk, Esq. Bradley Arant Rose & White LLP One Federal Place 1819 Fifth Avenue North Birmingham, AL 35203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the 20021127000594480 - Shelby County Probate REAL ESTATE RECORDS. 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 s continued for the additional period provided by applicable law. 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 Debtor or Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable) DELETE name: Give record name to be deleted in item 5a or 6b. 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. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME Greystone Golf, LLC and Greystone Golf Club, Inc. MIDDLE NAME SUFFIX 6b. INDIVIDUAL'S LAST NAME FIRST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME 7b. INDIVIDUAL'S LAST NAME COUNTRY STATE POSTAL CODE CITY 7c. MAILING ADDRESS 7g. ORGANIZATIONAL ID #, if any 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION ADD'L INFO RE 7d. TAX ID # SSN OR EIN ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 🔲 and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Southern Indiana Properties, Inc. SUFFIX MIDDLE NAME **FIRST NAME** 10. OPTIONAL FILER REFERENCE DATA Shelby County Probate (BARW internal #93)