

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Tina McAninch (515) 248-8388	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Principal Life Insurance Company 801 Grand Avenue Des Moines, Iowa 50392	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 1998-43185		Shelby County, AL		Date Filed 11/03/1998		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input checked="" type="checkbox"/>					
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.											
3. <input checked="" 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.											
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.											
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input 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: Please refer to the detailed instructions in regards to changing the name/address of a party. <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 7e-7g (if applicable).											
6. CURRENT RECORD INFORMATION:											
6a. ORGANIZATION'S NAME Loews Limited Partnership, a Florida limited partnership c/o Continental Fidelity											
OR		6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX			
7. CHANGED (NEW) OR ADDED INFORMATION:											
7a. ORGANIZATION'S NAME											
OR		7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX			
7c. MAILING ADDRESS 777 Arthur Godfrey Road 4th Floor				CITY Miami Beach		STATE FL		POSTAL CODE 33140		COUNTRY USA	
7d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR		7e. TYPE OF ORGANIZATION Limited Patnership		7f. JURISDICTION OF ORGANIZATION Florida		7g. ORGANIZATIONAL ID #, if any A02000000922		<input type="checkbox"/> NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> 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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment:									
9a. ORGANIZATION'S NAME Principal Life Insurance Company									
OR		9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	

10. OPTIONAL FILER REFERENCE DATA

Loan # 751811 To be filed with **Shelby County Judge of Probate, Alabama**