UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 32934

		20030710000436140 Po Shelby Cnty Judge of 07/10/2003 10:31:00	f Probate,AL
JCC FINANCING STATEMENT AMENDMENT			L TEED, OEK IL IE
OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
First Commercial Bank PO Box 11746 Birmingham, AL 35202			
	THE ABOVE SE	PACE IS FOR FILING OFFICE U	ISE ONLY
1a. INITIAL FINANCING STATEMENT FILE #	I ME ABOVE SI	1b. This FINANCING STATEM	ENT AMENDMENT is
2000-43399 Shelby County		to be filed [for record] (or re REAL ESTATE RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement identified above is			
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secure	ed Party authorizing this Continuation	n Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb			<u>"</u>
Also check one of the following three boxes and provide appropriate information in it	tems 6 and/or 7.		t * th a alaa
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7 item 7c; also complete items	7e-7g (if applicable).
6. CURRENT RECORD INFORMATION:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
8a. ORGANIZATION'S NAME			
OR Caldwell Mill LLP 66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7a. ORGANIZATION'S NAME		IMIDDIENAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME		MIDDLE NAME STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS			COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION	CITY	STATE POSTAL CODE	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR ADDRESS Check only one box.	7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR ADDRESS 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater Partial Release: Lots 34 & 35 according to the Sas recorded in Map Book 31, page	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assigned. Survey of Phase Two, Cal	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if	any No.
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. SEE INSTRUCTIONS ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater Partial Release: Lots 34 & 35 according to the Sas recorded in Map Book 31, page Alabama.	Tr. JURISDICTION OF ORGANIZATION ral description, or describe collateral assigned a	state Postal Code 7g. ORGANIZATIONAL ID #, if a d. Ldwell Crossings, Efice of Shelby Co	any NO
76. MAILING ADDRESS 76. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION OPEROR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater Partial Release: Lots 34 & 35 according to the Sas recorded in Map Book 31, page Alabama. 9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	7f. JURISDICTION OF ORGANIZATION Tal description, or describe collateral assigned assigned assigned assigned assigned as a same and the probate of the prob	Tg. ORGANIZATIONAL ID #, if and a state of shelby Comment). If this is an Amendment authorizing this Amendment	any No.
Ta. ORGANIZATION'S NAME Ta. ORGANIZATION Ta. INDIVIDUAL'S LAST NAME Ta. INDIVIDUAL'S LAST NAME Ta. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR Ta. TYPE OF ORGANIZATION DEBTOR DEBTOR Ta. TYPE OF ORGANIZATION DEBTOR DEBTOR DEBTOR DEBTOR DEBTOR DEBTOR DEBTOR Ta. TYPE OF ORGANIZATION DEBTOR DEB	Tr. JURISDICTION OF ORGANIZATION ral description, or describe collateral assigned a	state Postal Code 7g. ORGANIZATIONAL ID #, if a d. Ldwell Crossings, Efice of Shelby Co	any No.