


A. NAME & PHONE OF CONTACT AT FILER [optional]				
Deanna K. Hartley (205) 874-0368				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
Deanna K. Hartley				
Wallace, Jordan, Ratliff & Brandt, LLC				
P.O. Box 530910				
Birmingham, AL 35253				
INITIAL FINANCING STATEMENT FILE #	THEA		R FILING OFFICE US	
20030616000374570 filed on June 16, 2003			FINANCING STATEMENT PROPERTY OF THE PROPERTY O	
TERMINATION: Effectiveness of the Financing Statement ide	entified above is terminated with respect to security interes	est(s) of the Secured Par	ty authorizing this Termina	ation Statement.
CONTINUATION: Effectiveness of the Financing Statement	t identified above with respect to security interest(s) of			
continued for the additional period provided by applicable law.		· · · · · · · · · · · · · · · · · · ·		
ASSIGNMENT (full or partial): Give name of assignee in item				
AMENDMENT (PARTY INFORMATION): This Amendment a		heck only <u>one</u> of these t	wo boxes.	
Also check one of the following three boxes and provide appropriate CHANGE name and/or address: Give current record name in item		record name	D name: Complete item	7a or 7b. and also
CHANGE name and/or address: Give current record name in itername (if name change) in item 7a or 7b and/or new address (if a CURRENT RECORD INFORMATION:	address change) in item 7c to be deleted in item		n 7c; also complete items	7d-7g (if applical
6a. ORGANIZATION'S NAME	······································	- ··· - ·		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
BANK OF ALABAMA				
PAIN VI ALADAMA				
	FIRST NAME	MIDDLE	NAME	SUFFIX
R	FIRST NAME	MIDDLE	NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS	CITY		POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 2340 Woodcrest Place, Suite 200	CITY Birmingham			
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 2340 Woodcrest Place, Suite 200 I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CITY Birmingham	STATE	POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 2340 Woodcrest Place, Suite 200 TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	CITY Birmingham NIZATION 7f. JURISDICTION OF ORGANIZATION	STATE	POSTAL CODE 35209	COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 2340 Woodcrest Place, Suite 200 I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAL ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one bo	Birmingham NIZATION 7f. JURISDICTION OF ORGANIZATION OX.	STATE AL 7g. ORGA	POSTAL CODE 35209	COUNTRY
7b. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 2340 Woodcrest Place, Suite 200 1. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	Birmingham NIZATION 7f. JURISDICTION OF ORGANIZATION OX.	STATE AL 7g. ORGA	POSTAL CODE 35209	COUNTRY
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The individual's last name Mailing address 2340 Woodcrest Place, Suite 200 Tax id #: SSN or Ein Add'l Info RE 7e. Type of organization Debtor AMENDMENT (COLLATERAL CHANGE): check only one book Describe collateral deleted or added, or give entire reserved.	CITY Birmingham OX. estated collateral description, or describe collateral	STATE AL 7g. ORGA assigned.	35209 ANIZATIONAL ID #, if any	USA
The individual's last name MAILING ADDRESS 2340 Woodcrest Place, Suite 200 TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one book deleted or added, or give entire resolution resolution. AMENDMENT deleted or added, or give entire resolution resolution.	CITY Birmingham NIZATION 7f. JURISDICTION OF ORGANIZATION DX. estated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is a	STATE AL ON 7g. ORGA assigned. In Assignment). If this is	ANIZATIONAL ID #, if any	USA
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The Individual's Last Name Mailing address 2340 Woodcrest Place, Suite 200 Tax ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAT ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one bood deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire results of the collateral deleted or added, or give entire deleted or added, or give entire results of the collateral deleted or added, or give entire deleted or added, or give e	CITY Birmingham NIZATION 7f. JURISDICTION OF ORGANIZATION DX. estated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is a	STATE AL ON 7g. ORGA assigned. In Assignment). If this is	ANIZATIONAL ID #, if any	COUNTRY USA
The Individual's Last Name Mailing address 2340 Woodcrest Place, Suite 200 Tax ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one book Describe collateral deleted or added, or give entire results resu	CITY Birmingham NIZATION 7f. JURISDICTION OF ORGANIZATION DX. estated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is a	STATE AL ON 7g. ORGA assigned. In Assignment). If this is	an Amendment authorized izing this Amendment.	USA

	C FINANCING STATE		ENT ADDENDUM
11.	INITIAL FINANCING STATEMENT 1 20030616000374570 filed		ndment form)
12.	NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME	THIS AMENDMENT (same as i	tem 9 on Amendment form)
OR	NONE LISTED 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX
13.	Use this space for additional inform	ation	<u>,</u>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

RE: TACALERA, LLC