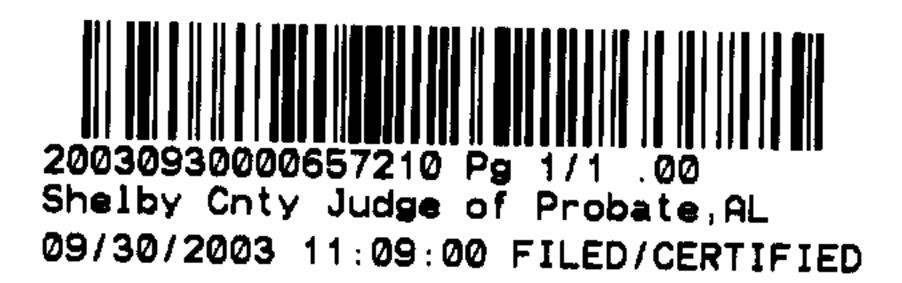
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JCC FINANCING STATEMENT AMENDME OLLOW INSTRUCTIONS (front and back) CAREFULLY	ENT		
A. NAME & PHONE OF CONTACT AT FILER [optional] MARIE THOMAS			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Bank of Alabama			
P. O. Box 59587			
Birmingham, AL 35209			
- INITIAL CINIANOINO OTATEMENTEU E 4	THE ABOV	E SPACE IS FOR FILING OFFICE I	
a. INITIAL FINANCING STATEMENT FILE # 1998-21746		to be filed [for record] (or record) REAL ESTATE RECORDS	ecorded) in the
TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated with respect to security interest(s)		
. CONTINUATION: Effectiveness of the Financing Statement identified a			
continued for the additional period provided by applicable law.	······································		
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b ar			
. AMENDMENT (PARTY INFORMATION): This Amendment affects		only <u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address change)	also give new TIDELETE name: Give record		m 7a or 7b, and also
CURRENT RECORD INFORMATION:	nge) in item 7cto be deleted in item 6a or 6	item 7c; also complete ite	ms 7d-7g (if applicable
6a. ORGANIZATION'S NAME			······································
GENERIC PROPERTIES LLC 66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	TOURTIN
	T IKOT NAME	WIIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	, <u>-</u>		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		WIIDDEE TAXIVIE	SUFFIX
: MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
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d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR Corporation	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if a	nny NON
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR COrporation . AMENDMENT (COLLATERAL CHANGE): check only one box.			· _
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