

CCFINANCING STATEMENT AMENDMENT  CLIOW 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 SPACE IS FOR FILING OFFICE  2000-43399 Shelby County  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination of 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 8.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Security Interest(s) of the Secured Party authorizing this Continuation of the Interest of the Interest of the Interest of Security Interest (s) of the Secured Party authorizing this Continuation on the Interest of Security Interest (s) of the Secured Party authorizing this Continuation on the Interest of Security Interest (s) of the Secured Party authorizing this Continuation on the Interest of Security Interest (s) of the Secured Party authorizing this Continuation on the Interest of Security Interest (s) of the Secured Party authorizing this Continuation in items 6 and/or 7.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions Deleter item 7c. also complete item 7c	ement Amendment or recorded) in the DS. ermination Statement.  tion Statement is
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CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	······································
Caldwell Mill, LLP  6b. INDIVIDUAL'S LAST NAME  TMIDDLE NAME	
FIRST NAME  MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:	
7a. ORGANIZATION'S NAME	
7b. INDIVIDUAL'S LAST NAME MIDDLE NAME	SUFFIX
MAILING ADDRESS CITY STATE POSTAL CODE	COUNTRY
SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if DEBTOR 1	
AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	NC.
Describe collateral 🔀 deleted or 🔲 added, or give entire 🔲 restated collateral description, or describe collateral 🔲 assigned.	
Partial Release:	
Lots 144 & 164, according to the Survey of Phase Two, Caldwell Crossing	rs. 2nd Sec
as recorded in Map Book 31, page 31, in the Probate Office of Shelby Co	on to Alal
The state of the property of t	Juney, Mad

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.

Pa. ORGANIZATION'S NAME

FIRST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10.OPTIONAL FILER REFERENCE DATA