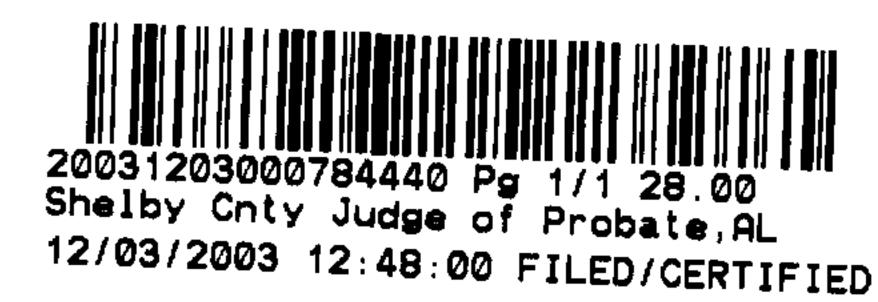
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LICC CINIANICINIC CTATEMENT ARRENIDAREN			
UCC FINANCING STATEMENT AMENDMEN	!T		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	<del></del>		
A. NAME & PHONE OF CONTACT AT FILER (optional)  Cindy Hill			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Bank of Alabama			
P. O. Box 59587			
Birmingham, AL 35209			
Districting ration, 7 to 00200			
	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE # 20030515000303340 :		1b. This FINANCING STATEMENT to be filed [for record] (or record	
		REAL ESTATE RECORDS.	
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified above in CONTINUATION: Effectiveness of the Financing Statement identified about its continuation.</li> </ol>			····
continued for the additional period provided by applicable law.	we with respect to security interest(s) or the Secured		.cmcm. 15
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name of	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De	ebtor <u>or</u> Secured Party of record. Check only <u>or</u>	ne of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i		- Camalata itam 7a	or 7h and alos
CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change	DELETE name: Give record name) in item 7cto be deleted in item 6a or 6b.	e ADD name: Complete item 7a item 7c; also complete items 7d	
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			<u> </u>
OR 66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Mobley	J.	Steven	
7. CHANGED (NEW) OR ADDED INFORMATION:	· · · · · · · · · · · · · · · · · · ·	····	<u> </u>
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	į.		
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
			COUNTRY
7d. TAX ID # SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY  7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE  7g. ORGANIZATIONAL ID #, if any	
ORGANIZATION ' DEBTOR			
7d. TAX ID # SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR Box.  8. AMENDMENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
7d. TAX ID # SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
7d. TAX ID # SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collater	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assigned.	7g. ORGANIZATIONAL ID #, if any	NONE
7d. TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collater.  LOTS 347, 348, 349, 350, 351, 352, 353 A	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assigned.  AND 354, ACCORDING TO	7g. ORGANIZATIONAL ID#, if any  THE SURVEY OF F	INAL
7d. TAX ID # SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collater  LOTS 347, 348, 349, 350, 351, 352, 353 APPLAT OF HADDINGTON PARC AT BALL.	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assigned.  AND 354, ACCORDING TO ANTRAE PHASE I, AS REC	THE SURVEY OF F	INAL
7d. TAX ID # SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collater.  LOTS 347, 348, 349, 350, 351, 352, 353 A	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assigned.  AND 354, ACCORDING TO ANTRAE PHASE I, AS REC	THE SURVEY OF F	INAL
7d. TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collater.  LOTS 347, 348, 349, 350, 351, 352, 353 APPLAT OF HADDINGTON PARC AT BALL.	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assigned.  AND 354, ACCORDING TO ANTRAE PHASE I, AS REC	THE SURVEY OF F	INAL
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7d. TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANI	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assigned.  AND 354, ACCORDING TO ANTRAE PHASE I, AS RECESTION SHELBY COUNTY, ALABATEMENT (name of assignor, if this is an Assignment)	THE SURVEY OF FOORDED IN MAP BOAMA.	INAL OOK 32,
7d. TAX ID # SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral    LOTS 347, 348, 349, 350, 351, 352, 353 APLAT OF HADDINGTON PARC AT BALL, PAGE 12, IN THE PROBATE OFFICE OF	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assigned.  AND 354, ACCORDING TO ANTRAE PHASE I, AS RECESTION SHELBY COUNTY, ALABATEMENT (name of assignor, if this is an Assignment)	THE SURVEY OF FOORDED IN MAP BOAMA.	INAL OOK 32,
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7d. TAX ID # SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    8. AMENDMENT (COLLATERAL CHANGE): check only one box.   Describe collateral   deleted or   added, or give entire   restated collateral   restated collateral   deleted or   added, or give entire   restated collateral   PLAT OF HADDINGTON PARC AT BALL.   PAGE 12, IN THE PROBATE OFFICE OF    9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM   adds collateral or adds the authorizing Debtor, or if this is a Termination authorized   9a. ORGANIZATION'S NAME   Bank of Alabama	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assigned.  AND 354, ACCORDING TO ANTRAE PHASE I, AS RECESTION SHELBY COUNTY, ALABATEMENT (name of assignor, if this is an Assignment)	THE SURVEY OF FOORDED IN MAP BOAMA.	INAL OOK 32,
7d. TAX ID # SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    8. AMENDMENT (COLLATERAL CHANGE): check only one box.   Describe collateral   deleted or   added, or give entire   restated collateral   restated collateral   Describe collateral   deleted or   added, or give entire   restated collateral   PAGE 12, IN THE PROBATE OFFICE OF    9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM   adds collateral or adds the authorizing Debtor, or if this is a Termination authorized   9a. ORGANIZATION'S NAME   Bank of Alabama	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assigned.  AND 354, ACCORDING TO ANTRAE PHASE I, AS RECESTION SHELBY COUNTY, ALABATE SHELBY COUNTY, ALABATE SHELBY COUNTY, ALABATE I by a Debtor, check here and enter name of DEB	THE SURVEY OF FORDED IN MAP BOAMA.  Int). If this is an Amendment authorized to TOR authorizing this Amendment.	INAL OOK 32,
7d. TAX ID # SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    8. AMENDMENT (COLLATERAL CHANGE): check only one box.   Describe collateral   deleted or   added, or give entire   restated collateral   restated collateral   deleted or   added, or give entire   restated collateral   PLAT OF HADDINGTON PARC AT BALL, PAGE 12, IN THE PROBATE OFFICE OF    9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM   adds collateral or adds the authorizing Debtor, or if this is a Termination authorized   9a. ORGANIZATION'S NAME   Bank of Alabama	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assigned.  AND 354, ACCORDING TO ANTRAE PHASE I, AS RECESTION SHELBY COUNTY, ALABATE SHELBY COUNTY, ALABATE SHELBY COUNTY, ALABATE I by a Debtor, check here and enter name of DEB	THE SURVEY OF FORDED IN MAP BOAMA.  Int). If this is an Amendment authorized to TOR authorizing this Amendment.	INAL OOK 32,