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

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 01181

		20040120000033480 Pg 1/1 28.00 Shelby Cnty Judge of Probate, AL 01/20/2004 11:21:00 FILED/CERTIFIED			
FOLLOW INSTRUCTIONS	S STATEMENT AMENDMEN  S (front and back) CAREFULLY  ONTACT AT FILER [optional]				
First (PO Box	MENT TO: (Name and Address)  Commercial Bank 11746 gham, AL 35202				
		THE A	BOVE SPACE IS	FOR FILING OFFIC	E USE ONLY
1a. INITIAL FINANCING STAT			1b.	This FINANCING STAT	EMENT AMENDMENT is
2000-43 2 TERMINATION: 5%	3390 She1by County ectiveness of the Financing Statement identified above is	s terminated with respect to security inter-		to be filed [for record]  REAL ESTATE RECO	
3. CONTINUATION: E	ional period provided by applicable law.				
4. ASSIGNMENT (full o	or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also g	ive name of assigno	r in item 9.	
	INFORMATION): This Amendment affects Del		heck only <u>one</u> of the	se two boxes.	
CHANGE name and/or	wing three boxes <u>and</u> provide appropriate information in it address: Please refer to the detailed instructions	DELETE name: Give record name	ΠA	DD name: Complete ite	em 7a or 7b, and also
6. CURRENT RECORD INF		to be deleted in item 6a or 6b.		em 7¢; also complete ite	ms 7e-7a (if applicable).
Caldwell Mill, LLP 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OR AD					
OR 7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDE	LE NAME	SUFFIX
7c. MAILING ADDRESS		CITY	STAT	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATIO	7g. C	RGANIZATIONAL ID #	, if any
•	TERAL CHANGE): check only <u>one</u> box.  eted or added, or give entire restated collaters	al description, or describe collateral	assigned.		
Lot 139 Sector	Release:  9, according to the Survey, as recorded in Map Book County, ALabama.			<b>O</b> -	cond
	PARTY OF RECORD AUTHORIZING THIS AME authorizing Debtor, or if this is a Termination authorized				
9a. ORGANIZATION'S NA					
OR First Commercial Bank 9b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDD	MIDDLE NAME SUFFIX	
10,0PTIONAL FILER REFERE	NCE DATA				