


DLLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]				
. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Regions Bank				
P.O. Box 10247				
Birmingham, AL 35202				
	THE ABOV	E SPACE	IS FOR FILING OFFICE US	SE ONLY
INITIAL FINANCING STATEMENT FILE # 1999-22370		1b.	This FINANCING STATEME	NT AMENDMEN
			to be filed [for record] (or record).  REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s)	of the Secure	ed Party authorizing this Termina	ation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Si	ecured Party	authorizing this Continuation S	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give no	eme of accid	nor in item 0	
A SATISTICAL TO A CORN	ebtor or Secured Party of record. Check			<u>i_</u>
Also check one of the following three boxes and provide appropriate information in	items 6 and/or 7.	only <u>one</u> or t	Hese Iwo Doxes.	
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 records) in item 7c.  DELETE name: Give records to be deleted in item 6a or 6	d name	ADD name: Complete item item 7c; also complete items	7a or 7b, and als
CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME			nom ro, also complete items	74-79 (it applica
Silver Creek Development, LLC				······································
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	T & A LITT	DLE NAME	T
		I IVII L	DLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME	——————————————————————————————————————	· <del>····································</del>	······································	····························
7b. INDIVIDUAL'S LAST NAME				
TO MONDONES EAST NAME	FIRST NAME	MID	DLE NAME	SUFFIX
MAILING ADDRESS	CITY		······································	
		STA	ATE POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7a. (	ORGANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR		J. 3.	or to the little for the little	
MENDMENT (COLLATERAL CHANGE): check only one box.		<u> </u>		N
escribe collateral deleted or added, or give entire restated collatera	al description, or describe collateral assig	ned.	,	
ts 406, 407 & 411, according to the Survey of Silver Crobate Office of Shelby County, Alabama.	reek, Sector II, Phase I, as record	led in Ma	ap Book 29, Page 81,	in the
oute Office of Shelby County, Alabama.				
ts 13, 14, 203, 208, 210, 213, 216 & 218, according to t	the Survey of Silver Creek, Secto	or II. Pha	se II as recorded in 1	Mon Doole
Page 95, in the Probate Office of Shelby County, Alab	ama.	J. 11, 1 H	aso ii, as recorded iii i	viap Dook
AME OF SECURED PARTY OF RECORD AUTHORIZING THIS ALIE	NDMENT (name of assignor, if this is an Assig	nment). If th	nis is an Amendment authorized	by a Debtor whic
de collateral or adde the authorisiae Debtes es it u.v	by a Debtor, check here 🔲 and enter name of I	DEBTOR a	uthorizing this Amendment.	<u> </u>
AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME lds collateral or adds the authorizing Debtor, or if this is a Termination authorized to lea. ORGANIZATION'S NAME Regions Bank				
	FIRST NAME	MIDE	DLE NAME	SUFFIX