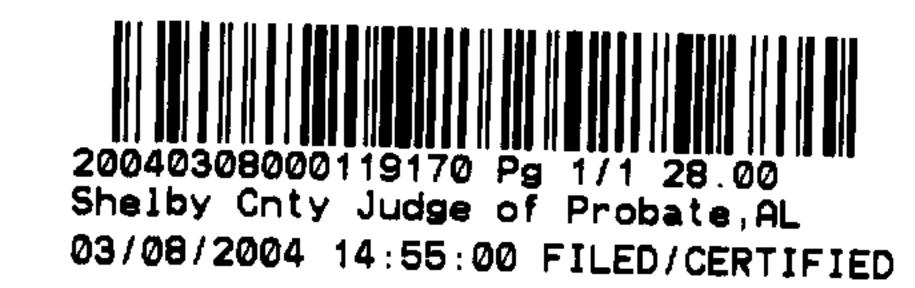
UCC FIN	NANCIN(	G STAT	EMENT



UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  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			
	THE ABOVE SPA	CE IS FOR FILING OFFICE USE C	DNLY
1a. INITIAL FINANCING STATEMENT FILE # Shelby Co. JOP #2003-7475		1b. This FINANCING STATEMENT A to be filed [for record] (or recorded)	
		REAL ESTATE RECORDS.	<u>-</u>
2. TERMINATION: Effectiveness of the Financing Statement identified above is			
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.			ement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	dress of assignee in item 7c; and also give name of a	assignor in item 9.	· · · · · · · · · · · · · · · · · · ·
<del>land</del>	tor <u>or</u> Secured Party of record. Check only <u>on</u>	e of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in ite CHANGE name and/or address: Give current record name in item 6a or 6b; also		ADD names Consulate is 7	<b>-</b>
name (if name change) in item 7a or 7b and/or new address (if address change)	give new DELETE name: Give record name in item 7c. to be deleted in item 6a or 6b.	ADD name: Complete item 7a o item 7c; also complete items 7d-	r /b, and also ·7g (if applicable),
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
KenCar Development, Inc.			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	CUETIV
		MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	·····	<del></del>	····
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
71 743/15 (1 66) 1 66 70 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>		
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	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		······································	NONE
Describe collateral Adeleted or added, or give entire restated collateral	description or describe collateral Tassigned		
PARTIAL RELEASE:			
1 0to 1 2 2 4 6 7 9 40 40 40 45 40 00	2 00 04 00 07 00 40		
Lots 1, 2, 3, 4, 6, 7, 8, 10, 12, 13, 15, 16, 22	2, 23, 24, 36, 37, 39, 40 and	d 41, according to Mo	ountain
Lake Subdivision, as recorded in Map Book	31, Page 129, in the Proba	ate Office of Shelby (	County,
Alabama.			
			<u> </u>
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by</li> </ol>	NDMENT (name of assignor, if this is an Assignment	t). If this is an Amendment authorized by	a Debtor which
9a. ORGANIZATION'S NAME	a Debtor, check here and enter name of DEB1	OR authorizing this Amendment.	. <u> </u>
Bank of Alabama			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUICEIV
			SUFFIX
10.OPTIONAL FILER REFERENCE DATA			<u> </u>
Loan #62583			