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UCC FINANCING STATEMENT AMENDMEN	j'T		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	V I		
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Marie Thomas			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Bank of Alabama			
P. O. Box 59587			
Birmingham, AL 35209			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SP	ACE IS FOR FILING OFFICE USE	
20030515000303340 PG 1/8		to be filed [for record] (or record REAL ESTATE RECORDS	
2. X TERMINATION: Effectiveness of the Financing Statement identified above in	is terminated with respect to security interest(s) of the		en Statement
3. CONTINUATION: Effectiveness of the Financing Statement identified about			
continued for the additional period provided by applicable law.		, and Community Clair	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name o	f assignor in item 9.	
	ebtor or Secured Party of record. Check only o	one of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i	<u> </u>		
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	o give new DELETE name: Give record name) in item 7c. to be deleted in item 6a or 6b.	ne ADD name: Complete item 7a item 7c; also complete items 7c	or 7b, and also d-7g (if applicable)
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
Mobley Development, Inc.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	TAUDDLE MANGE	
		MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	······································		
OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2101 4th Avenue South Suite 200	Birmingham	AL 35233	USA
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
DEBTOR Corporation	Alabama		NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collatera	al description, or describe collateral assigned.		
Termination			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assignme	nt) If this is an Amendment with a is all to	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized b	by a Debtor, check here and enter name of DEB	TOR authorizing this Amendment	a Debtor Which
9a. ORGANIZATION'S NAME			- .:
Bank of Alabama			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
48 0PT 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
10.0PTIONAL FILER REFERENCE DATA	2000		<u> </u>
Judge of Probate Shelby County Loan # 6	02696		