



UC	CC FINANCIN	G STATE	MENT AMENDMEN	T				
FOL	LOW INSTRUCTIONS	S (front and bad	k) CAREFULLY					
	NAME & PHONE OF C Stephanie Deck		• •					
B. 5	SEND ACKNOWLEDG	MENT TO: (Na	me and Address)					
	Suite 2 225 Pe	anie Decker 2100 eachtree Str a, GA 30303	eet, NE					
					THE ABOVE S	PACE IS FOR	R FILING OFFICE USE ONL	. Y
	NITIAL FINANCING STAT		10, 1999			1b. This	FINANCING STATEMENT AI e filed [for record] (or record ATE RECORDS.	MENDMENT is
2. [TERMINATION: E	ffectiveness of the	Financing Statement identified above	is terminated with re-	spect to security interest(s) of the	f		on Statement.
3. [CONTINUATION: continued for the add	Effectiveness of t ditional period pro	he Financing Statement identified at vided by application law.	oove with respect to	security interest(s) of the Sec	cured Party ac	thorizing this Continuation !	Statement is
4. [ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or 7b and a	ddress of assignee in	item 7c; and also give name o	f assignor in it	em 9.	· · · · · · · · · · · · · · · · · · ·
			l): This Amendment affects 🔯 Det		Party or record. Check only or	ne of these two	boxes.	., .
	Also check one of the followard CHANGE name and/or and change)	owing three boxes address: Give currol in item 7a or 7b ar	and provide appropriate information in ent record name in item 6a or 6b; also g nd/or new address (if address change) in	items 6 and/or 7. give new D n item 7c. to	ELETE name: Give record name be deleted in item 6a or 6b.		name: Complete item 7a or 7b, so complete items 7d-7g (if app	
	URRENT RECORD INF		- · · · · · · · · · · · · · · · · · · ·					
OR	6a. ORGANIZATION'S N FPI Birminghai							
_	6b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
7. CI	HANGED (NEW) OR AD	DDED INFORMAT	ION:			<u> </u>		· · · · · · · · · · · · · · · · · · ·
	7a. ORGANIZATION'S N JRC Hunter's F							
OR	7b. INDIVIDUAL'S LAST	NAME		FIRST NAME	<u> </u>	MIDDLE N	AME	SUFFIX
7c. M	IAILING ADDRESS	<u> </u>	<u> </u>	CITY	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY
	uite 1500, 919 N			Chicago		IL	60611	USA
7d. T	AX ID #: SSN OR EIN		7e. TYPE OF ORGANIZATION limited liability co.	7f. JURISDICTION Illinois	OF ORGANIZATION	7g. ORGAI	NIZATIONAL ID #, if any	NONE
	MENDMENT (COLLAT		•			<u> </u>		
			d, or give entire restated collate	eral description, or d	escribe collateral 🔲 assigne	ed.		
			RD AUTHORIZING THIS AMENI if this is a Termination authorized by					Debtor which
	9a. ORGANIZATION'S NA General Electri	AME						
OR	9b. INDIVIDUAL'S LAST N	NAME	· · · · · · · · · · · · · · · · · · ·	FIRST NAME		MIDDLE NA	ME	SUFFIX
10. d	OPTIONAL FILER REFER	ENCE DATA				<u> </u>	——————————————————————————————————————	
			ortgage (#145750) Shel	by County, A				

filing office copy – national ucc financing statement amendment (form ucc3) (rev. 07/29/98)

UC	C FINANCING STATEMENT AN	MENDMENT ADDE	NDUM	
FOL	LOW INSTRUCTIONS (front and bad	ck) CAREFULLY		
11.	INITIAL FINANCING STATEMENT	FILE # (same as item 1a o	n Amendment form)	
	1999-38106, Filed September	10, 1999		
12.	NAME OF PARTY AUTHORIZING 1	THIS AMENDMENT (san	ne as item 9 on Amendment form)	
	12a. ORGANIZATION'S NAME			
OR	General Electric Capital C	orporation		
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
13.	Use this space for additional information	ation		
	JRC Hunter's Pointe LLC (#145751)			THE ABOVE SPACE IS FOR OFFICE USE ONLY

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OFFICE USE ONLY

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		NIT ADDENIDADA					
	C FINANCING STATEME						
	LOW INSTRUCTIONS (front and back) CA 9a. organization's NAME	KEFULLY		1			
OR							
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. N	MISCELLANEOUS:						
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				THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
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	ADDITIONAL DEBTOR'S EXACT FULL I	EGAL NAME – insert only <u>one</u>	name (11a or 11b) – do not abbrev	viate or combine names			
	JRC Lakeside Limited Partners	hip					
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIC	DDLE NA	ME	SUFFIX
						<u>, , - ,,-</u>	
	MAILING ADDRESS ite 1500, 919 N. Michigan Av		Chicago	ST/ IL		POSTAL CODE 60611	USA
		TOPE OF OPONING					
11d.	TAX ID #: SSN OR EIN ADD'L INFO RE 11e. ORGANIZATION I im	TYPE OF ORGANIZATION ited p-ship	11f. JURISDICTION OF ORGANIZATION Illinois		g. ORGA O ne	NIZATIONAL ID#, if any	NONE
	DEBTOR						
	ADDITIONAL SECURED PARTY'S or	ASSIGNOR S/P'S NA	ME – insert only <u>one</u> name (12a	or 12b)			
	12a. ORGANIZATION'S NAME						
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIC	ODLE N	AME	SUFFIX
12c.	MAILING ADDRESS		CITY	STA	ATE	POSTAL CODE	COUNTRY
13.	This FINANCING STATEMENT covers timb collateral, or is filed as a fixture filing.	er to be cut or as-extracted	16. Additional collateral descri	iption:			
14.							
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15.	Name and address of a RECORD OWNER of a	bove-described real estate					
	(if Debtor does not have a record interest):						
			47 Chaple activity and inching	and abable and the second			
			17. Check only if applicable a Debtor is a Trust or T	·		roperty held in trust, or	Decedent's Estate
			18. Check only if applicable a				
			Debtor is a TRANSMITTIN				
			Filed in connection with a	Manufactured-Home T	Гransac	tion – effective 30 years	
			Filed in connection with a	Public-Finance Transa	action -	effective 30 years	

							-
	C FINANCING STATEM LOW INSTRUCTIONS (front and back)					•	
	9a. ORGANIZATION'S NAME						
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. 1	MISCELLANEOUS:					,	•
	I and the second	•					
				THE ABOV	E SPAC	E IS FOR FILING OFFIC	E USE ONLY
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	ADDITIONAL DEBTOR'S EXACT FUL	L LEGAL NAME – insert only <u>one</u>	name (11a or 11b) – do not abbrev	iate or combine name	es		
	11a. ORGANIZATION'S NAME JRC Lakeside Property (GMC	O), LLC					•
QR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
110	c. MAILING ADDRESS		CITY		STATE POSTAL CODE		COUNTRY
	ite 1500, 919 N. Michigan Av	Chicago			60611	USA	
11d.					11g. ORG none	ANIZATIONAL ID#, if any	NONE
12.	ADDITIONAL SECURED PARTY'S	or ASSIGNOR S/P'S NA	ME – insert only <u>one</u> name (12a	or 12b)			
	12a. ORGANIZATION'S NAME						
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
12c	MAILING ADDRESS		CITY	···-	STATE	POSTAL CODE	COUNTRY
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	This FINANCING STATEMENT covers ti	mber to be cut or as-extracted	16. Additional collateral descrip	otion:		•	•
	collateral, or is filed as a fixture filing. Description of real estate:						
15.	Name and address of a RECORD OWNER of the control o	of above-described real estate					
			47 Chaple and if and the	ad abaala aab			
			17. Check <u>only</u> if applicable and Debtor is a Trust or Tr			roperty held in trust or	Decedent's Estate
			18. Check only if applicable ar			The state of the s	
			Debtor is a TRANSMITTING	3 UTILITY			
			Filed in connection with a	Manufactured-Hom	e Transac	tion – effective 30 years	
			Filed in connection with a	Public-Finance Trai	nsaction –	effective 30 years	

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
9a. organization's name	
9b. Individual's last name First name MIDDLE NAME, SUFFIX	
10. MISCELLANEOUS:	
THE ABOVE SPACE IS FOR	FILING OFFICE USE ONLY
44 ADDITIONAL DEDTOD'S EVACTEUR LEGALMANE.	
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one name (11a or 11b) – do not abbreviate or combine names 11a. ORGANIZATION'S NAME	
JRC Lakeside Property (O'Hare), LLC	-
OR 11b. INDIVIDUAL'S LAST NAME MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS STATE POSTAL CO	DDE COUNTRY
Suite 1500, 919 N. Michigan Av Chicago	USA
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATION	AL ID #, if any
ORGANIZATION Imtd liab. co. Delaware none	NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME – insert only one name (12a or 12b)	· · · · · · · · · · · · · · · · · · ·
12a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·
OR 12b. INDIVIDUAL'S LAST NAME MIDDLE NAME	encer
120. INDIVIDUAL 3 LAST NAME	SUFFIX
12c. MAILING ADDRESS STATE POSTAL	CODE COUNTRY
13. This FINANCING STATEMENT covers 🔲 timber to be cut or 🔲 as-extracted 16. Additional collateral description:	
collateral, or is filed as a fixture filing. 14. Description of real estate:	
14. Description of real estate.	•
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	
(if Debtor does not have a record interest): 17. Check <u>only</u> if applicable and check <u>only</u> one box.	
(if Debtor does not have a record interest): 17. Check only if applicable and check only one box. Debtor is a Trust or Trustee acting with respect to property hele	in trust or Decedent's Estate
(if Debtor does not have a record interest): 17. Check only if applicable and check only one box. Debtor is a Trust or Trustee acting with respect to property hele. 18. Check only if applicable and check only one box.	in trust or Decedent's Estate
(if Debtor does not have a record interest): 17. Check only if applicable and check only one box. Debtor is a Trust or Trustee acting with respect to property hele	

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	LOW INSTRUCTIONS (front and back)					
	9a. organization's name					-
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
10. l	MISCELLANEOUS:					
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11. /	ADDITIONAL DEBTOR'S EXACT FULI	LEGAL NAME - insert only	one name (11a or 11b) – do not abbrevi	iate or combine names		
0.0	JRC Lakeside (Quail Ridge), I	LC				•
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
11c.	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
	ite 1500, 919 N. Michigan Av		Chicago	IL.	60611	USA
11d.	I	e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZ	ZATION 11g. OR	GANIZATIONAL ID#, if an	y
	ORGANIZATION In	ntd liab. co.	Delaware	none		NONE
12.	ADDITIONAL SECURED PARTY'S	or ASSIGNOR S/P'S	NAME – insert only <u>one</u> name (12a	or 12b)		···
	12a. ORGANIZATION'S NAME					
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
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126.	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
13.	This FINANCING STATEMENT covers time	ber to be cut or as-extrac	cted 16. Additional collateral descrip	otion:		
	collateral, or is filed as a fixture filing.					
14.	Description of real estate:					
15.	Name and address of a RECORD OWNER of	above-described real estate				
	(if Debtor does not have a record interest):					
			17. Check <u>only</u> if applicable an	d check <u>only</u> one box.		<u></u>
			Debtor is a Trust or Trust		property held in trust or	Decedent's Estate
			18. Check only if applicable an	•		
			Debtor is a TRANSMITTING		-4: FF- 11	
			Filed in connection with a l	Manufactured-Home Transa		;

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	C FINANCING ST									
	LOW INSTRUCTIONS (front a 9a. organization's NAME	and back) C	AREFULLY							
	Sa. ORGANIZATION S NAME					-				
OR	9b. INDIVIDUAL'S LAST NAME		FIRST NAME	<u> </u>	MIDDLE NAME, SUFFIX					
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	ADDITIONAL DEBTOR'S EXTENSION OF THE PROPERTY	XACT FULL	LEGAL NAME – insert only on	e name	(11a or 11b) – do not abbrevi	ate or combine nan	nes			
	JRC Lakeside (Quail/	Queen),	LLC							
~~	11b. INDIVIDUAL'S LAST NAME		······································	FIRS	TNAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE I	NAME	SUFFIX	<u> </u>
	MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY	,
Sui	ite 1500, 919 N. Michi	gan Av		Chi	cago		L	60611	USA	
11d.		E	. TYPE OF ORGANIZATION	11f. J	URISDICTION OF ORGANIZ	ZATION	11g. OR0	SANIZATIONAL ID#, if	any	
	ORGAN DEBTO		itd liab. co.	Del	aware		none			NONE
12.	ADDITIONAL SECURED	· · · · · · · · · · · · · · · · · · ·	T ASSIGNOR S/P'S N	JAME -	- insert coly one, name /12a	or 12h)		···		
	12a. ORGANIZATION'S NAME		<u></u>	AVSIAIL	macritomy <u>one</u> mame (12a	Ut 120)				
OR	· · · · · · · · · · · · · · · · · · ·	- .								
UK	12b. INDIVIDUAL'S LAST NAME			FIRST	NAME		MIDDLE	NAME	SUFFIX	
40-		- , ,				<u> </u>	<u> </u>			
12C.	MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTR	RY
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	Description of real estate:	ne ming.								
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15.	Nome and address of a DECODE	COMMED of								
	Name and address of a RECORD (if Debtor does not have a record		above-described real estate							
		-								
				17. (Check <u>only</u> if applicable and	d check <u>only</u> one b	oox.			···
					or is a Trust or Tru			property held in trust o	r Decedent's E	state
					Check only if applicable an					
					Debtor is a TRANSMITTING	UTILITY				
					Filed in connection with a N	Manufactured-Hon	ne Transac	tion – effective 30 yea	rs	
					Filed in connection with a F	Public-Einance Ten	peoplion	offostivo 20 venera		

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					٤	Shelby Cnty Judg	20 Pg 8/8 50.00 Se of Probate, AL
					V.	74/23/2004 10:43	3:00 FILED/CERTI
UC	C FINANCING STATEM	IENT ADDENDUM				•	
	LOW INSTRUCTIONS (front and back)	CAREFULLY				•	-
	9a. organization's name						
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
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10. [MISCELLANEOUS:					•	•
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				THE ABC	VE SPACE	E IS FOR FILING OFF	ICE USE ONLY
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	ADDITIONAL DEBTOR'S EXACT FUI	LL LEGAL NAME - insert only one	name (11a or 11b) – do not abbrev	iate or combine nar	mes		· · · · · · · · · · · · · · · · · · ·
	JRC Property (Quail) L.L.C.				.		
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
44 -	1440 1000000				CTATE 1		COUNTRY
	MAILING ADDRESS ite 1500, 919 N. Michigan Av		Chicago			POSTAL CODE 60611	COUNTRY
		11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZ	ZATION		ANIZATIONAL ID#, if any	y
	ORGANIZATION	Imtd liab. co.	Delaware		none	·	NONE
12	DEBTOR DEBTOR DEBTOR	S T ASSIGNOD S/D'S A	AME - insert cally one name (12a	or 12h)			
12.	12a. ORGANIZATION'S NAME	S OF LIMOSIGNOR SIP S IV	AIVIE - Insert only one name (12a	Or 120)			**************************************
ΛP	· · · · · · · · · · · · · · · · · · ·			<u>-</u>			<u> </u>
VI	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
12c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
	MAILING ADDITION				J , , , , ,		
13.	This FINANCING STATEMENT covers t	imber to be cut or as-extracted	d 16. Additional collateral descrip	otion:	<u>.</u>	<u></u>	
	collateral, or is filed as a fixture filing.					•	
14.	Description of real estate:						
15	Name and address of a DECODD ONINGD						
15.	Name and address of a RECORD OWNER (if Debtor does not have a record interest):						
			17. Check only if applicable ar Debtor is a Trust or Tr			pagantu balal ka kacak aa l	□ noodeen
			18. Check only if applicable at			roperty neta in trust or i	Decedent s Estate
			Debtor is a TRANSMITTING	-			
			Filed in connection with a		me Transac	tion – effective 30 years	; ,
			Filed in connection with a	Public-Finance Tr	ransaction –	effective 30 years	