


05/27/2004 15:45:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDME	NT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Deborah Gariffo (205) 824-3884				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
<del> </del>				
Heritage Bank				
Attn: Loan Operations				
600 Century Park S. Ste. 200				
Birmingham, Al 35226-9911				
		THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		11	b. This FINANCING STATE	MENT AMENDMENT is
20020510000223910 Pg 1/6		\ <b>r</b>	to be filed [for record] (or REAL ESTATE RECORD	
	vo is terminated with respect to secur	rity intersect(s) of the Secu		
2. TERMINATION: Effectiveness of the Financing Statement identified about				
3. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security intere	est(s) of the Secured Par	ty authorizing this Continuati	ion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	and address of assignee in item 7c; a	nd also give name of ass	ignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		cord. Check only one o	f these two boxes.	
Also check one of the following three boxes and provide appropriate information			<b>—</b> ADD — • • • • •	
CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address cha	; also give new DELETE nan nge) in item 7c to be deleted	ne: Give record name in item 6a or 6b.	ADD name: Complete it item 7c; also complete it	lem 7a or 7b, and also tems 7d-7g ( <u>if applicab</u> le)
6. CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	<del></del>	, - <del></del>
La Mesa Villa Condominiums, LLC				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	I N	IIDDLE NAME	SUFFIX
Nowlin	Christopher			
NOWIII	Cirristopher		- 4	<u></u>
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  OR				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		IIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY		TATE POSTAL CODE	COUNTRY
7C. WAILING ADDRESS		٦	TATE FOSTAL CODE	COCITICI
			. <u></u>	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGA	NIZATION 7	g. ORGANIZĂTIONAL ID#, ii	fany
DEBTOR				NON
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		<del></del>		
Describe collateral deleted or added, or give entire restated coll	ateral description, or describe colla	teralassigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authority of the second sec				_
Heritage Bank				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		IIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA		٠		
Shelby County Judge of Probate/Loan # 127070275/DJ	IG V( T) /			