_ 	
	ر . سب
	51
	`



20040622000336770 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 06/22/2004 09:48:00 FILED/CERTIFIED

A NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) THE ABOVE SPACE IS FOR FILING OFFICE US 1a. INITIAL FINANCING STATEMENT FILE # 20	T AMENDMENT is orded) in the attion Statement.
THE ABOVE SPACE IS FOR FILING OFFICE US 13. INITIAL FINANCING STATEMENT FILE # 20 0 1 2 45 6 21. ITERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termina 13. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termina 14. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7a; and also give name of assignor in item 8. 15. AMENDMENT (PARTY INFORMATION): This Amendment affects Deboter or Secured Party authorizing this Continuation S 26. ANSO Above One of the following three boxes and provide appropriate information in items 8 and/or 7s. 27. CHANGE name and/or address: Give current record name in litem 6a or 6b, also give name of assignor in item 9. 38. CURRENT RECORD INFORMATION: 39. CURRENT RECORD INFORMATION: 39. GORGANIZATIONS NAME 29. CHANGED (NEW) OR ADDED INFORMATION: 30. CORRENT RECORD INFORMATION: 40. ORGANIZATIONS NAME 40. INDIVIDUAL'S LAST NAME 41. AND ADDRESS 42. CHANGED (NEW) OR ADDED INFORMATION: 43. CREATE RECORD INFORMATION: 44. CREATE AND ADDRESS 45. ADDRESS 46. INDIVIDUAL'S LAST NAME 47. INDIVIDUAL'S LAST NAME 48. INDIVIDUAL'S LAST NAME 49. ORGANIZATION SINAME 49. ORGANIZATION SINAME 49. TAXIO #: SSN OR EIN ADDRESS ADDRESS	T AMENDMENT is orded) in the attion Statement.
a. INITIAL FINANCING STATEMENT FILE # 2.0 0.0 1 2.45 6	T AMENDMENT is orded) in the attion Statement.
a. INITIAL FINANCING STATEMENT FILE # 20 00 12 45 6 DIERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party authorizing this Continuation Secured Party authorizing this Termination Secured Party authorizing this Continuation Sec	T AMENDMENT is orded) in the attion Statement.
I. INITIAL FINANCING STATEMENT FILE # JO 00 1 2 45 6 ID JERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination of the additional period provided by applicable law. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination of the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party authorizing this Continuation Secured Party authorizing this Termination Secured Party authorizing this Continuation Secured Party authorizing this Termination Secured Party authori	T AMENDMENT is orded) in the attion Statement.
IDENTIFICATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination of the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. ADD name: Complete item 7 item 7c; also complete item 7 item 7c; also complete item 7 item 7c; also complete item 5 item 7c. Give record name of the following charge in item 6a or 6b. ADD name: Complete item 7 item 7c; also complete item 7 item 7c; also complete item 5 item 7c. Give record name of the full in item 6a or 6b. ADD name: Complete item 7 item 7c; also complete item 7	T AMENDMENT is orded) in the attion Statement.
IDENTIFICATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminal Continuation Party of the Additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. OHANGE name and/or address: Give current record name in item fig. or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. OHANGE name and/or address: Give current record name in item fig. or 6b; also give new DELETE name: Give record name Andress (in item 6a or 6b) CURRENT RECORD INFORMATION: GEORGANIZATION'S NAME FIRST NAME WIDDLE NAME WIDDLE NAME WIDDLE NAME WIDDLE NAME WIDDLE NAME AND POSTAL CODE ATA ORGANIZATION TO FORGANIZATION TO	T AMENDMENT is orded) in the attion Statement.
IDENTIFICATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminal Continuation Party of the Additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. OHANGE name and/or address: Give current record name in item fig. or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. OHANGE name and/or address: Give current record name in item fig. or 6b; also give new DELETE name: Give record name Andress (in item 6a or 6b) CURRENT RECORD INFORMATION: GEORGANIZATION'S NAME FIRST NAME WIDDLE NAME WIDDLE NAME WIDDLE NAME WIDDLE NAME WIDDLE NAME AND POSTAL CODE ATA ORGANIZATION TO FORGANIZATION TO	T AMENDMENT is orded) in the attion Statement.
IDENTIFICAL FINANCING STATEMENT FILE # 20 00 12 45 6 IDENTIFICATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: The Amendment affects in the Statement of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignee in item 7 aor 7 b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignee in item 7 aor 7 b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 9. AMENDMENT (FULL or partial): Give name of assignor in item 7. The MENDMENT (FULL or partial): Give name of assignor in item 7. The MENDMENT (FULL or partial): Give name of assignor in item 7. The MENDMENT (FULL or parti	T AMENDMENT is orded) in the attion Statement.
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation S continued for the additional period provided by applicable law. ASSIGNMENT (ull or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor or Debtor of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b, also give new DELETE name: Give record name DADD name: Complete item 7c; also complete item 7c; also complete item 7c; also complete items. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME This individual's Last NAME This individual's Last NAME This individual's Last NAME AMILING ADDRESS This individual's Last NAME FIRST NAME MIDDLE NAME STATE POSTAL CODE This is any ORGANIZATION To ORGANIZATI	orded) in the attion Statement.
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Terminal CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement (and the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (FARTY INFORMATION): This Amendment affects Debtor or	
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation S continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new rame (il name change) in item 7a or 7b and/or new address (if address change) in item 7c. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new rame (il name change) in item 7a or 7b and/or new address (if address change) in item 7c. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new round in items 6a or 6b. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME ABD. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 0EBTOR	
Continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 8a. ORGANIZATION'S NAME Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MAILLING ADDRESS ADDIL INFORMATION CITY CITY CITY ADDIL INFORMATION Tay Information To ORGANIZATION To ORGANIZATION ADDIL INFORMATION To ORGANIZATION	
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATION	
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME Gb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME MIDDLE NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME TAX ID #: SSN OR EIN AD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any OEBTOR	
CHANGE name and/or address: Give current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME This individual's LAST NAME MIDDLE NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME ADDIL NAME CITY TAX ID #: SSN OR EIN ADDIL INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR	
CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME] [6b. INDIVIDUAL'S LAST NAME] [CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME] [7b. INDIVIDUAL'S LAST NAME] [7b. INDIVIDUAL'S LAST NAME] [7c. INDIVIDUAL'S LAST NAME] [7d.	Za ar 7h and alas
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME STATE POSTAL CODE H. J. CHASL Plantation Play TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any DEBTOR	a or 7b, and also 7d-7g (if applicable
Gb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 79. ORGANIZATION'S NAME The individual's last name MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME CITY STATE POSTAL CODE HL 35244 TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 76. JURISDICTION OF ORGANIZATION 79. ORGANIZATIONAL ID #, if any DEBTOR	
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME MIDDLE NAME MIDDLE NAME STATE POSTAL CODE 112 Chase Plantation Play TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION DEBTOR MIDDLE NAME MIDDLE NAME MIDDLE NAME 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME CITY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDL	
Ta. ORGANIZATION'S NAME To. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME CITY STATE POSTAL CODE HL 75244 TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TO. INDIVIDUAL'S LAST NAME MIDDLE NAME STATE POSTAL CODE HL 75244 To. TYPE OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION To. INDIVIDUAL'S LAST NAME MIDDLE NAME STATE POSTAL CODE HL 75244 To. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR	<u> </u>
TAX ID #: SSN OR EIN ADD'L INFO RE TO. TYPE OF ORGANIZATION DEBTOR AMILING ADDRESS ORGANIZATION FIRST NAME MIDDLE NAME STATE POSTAL CODE AL 35244 To. TYPE OF ORGANIZATION ORGANIZATION To. TYPE OF ORGANIZATION TO. TYP	
MAILING ADDRESS 1/2 Chase Plantation PLWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ORGANIZATION ORGANIZATION DEBTOR ORGANIZATION	
112 Chase Plantation Play Brown TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR 7 m. TYPE OF ORGANIZATION 7 m. TYPE	SUFFIX
112 Chase Plantation Play Brown TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR 7 m. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 7g. O	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any DEBTOR 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	COUNTRY
ORGANIZATION DEBTOR	<u> </u>
	- 1
AMENDMENT (COLLATERAL CHANGE): check only one box.	NON
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here.	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. [9a. ORGANIZATION'S NAME	l by a Debtor which
ALAOASCO	d by a Debtor which
9b. INDIVIDUAL'S LAST NAME MIDDLE NAME	d by a Debtor which
	d by a Debtor which
OPTIONAL FILER REFERENCE DATA	