

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                        |
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| A. NAME & PHONE OF CONTACT AT FILER [optional]<br><b>(205) 558-4600</b>                                                                |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>Alamerica Bank</b><br><br><b>P.O. Box 55269</b><br><b>Birmingham, AL 35255</b> |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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| 1a. INITIAL FINANCING STATEMENT FILE#<br><b>20030204000066000 Dated 2/4/2003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.<br><input checked="" type="checkbox"/> |
| 2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                     |
| 3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                     |
| 4. <input type="checkbox"/> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes.<br>Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |                                                                                                                                                     |
| 6. CURRENT RECORD INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |
| 6a. ORGANIZATION'S NAME<br><b>South Grande View Development Co., Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                     |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6b. INDIVIDUAL'S LAST NAME FIRST NAME 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                     |
| 7d. SEE INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADD'L INFO RE ORGANIZATION DEBTOR                                                                                                                   |
| 7e. TYPE OF ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7f. JURISDICTION OF ORGANIZATION                                                                                                                    |
| 7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                     |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box.<br>Describe collateral <input checked="" type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.<br><b>Lot 601, according to the Survey of Grande View Estates, Givianpour Addition to Alabaster, 6th Addition, as recorded in Map Book 32, Page 48, in the Probate Office of SHELBY County, Alabama.</b>                                                                                                                                                       |                                                                                                                                                     |

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| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. |                            |            |                    |
| 9a. ORGANIZATION'S NAME<br><b>Alamerica Bank</b>                                                                                                                                                                                                                                                                                                              |                            |            |                    |
| OR                                                                                                                                                                                                                                                                                                                                                            | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA<br><b>1500298</b>                                                                                                                                                                                                                                                                                                           |                            |            |                    |