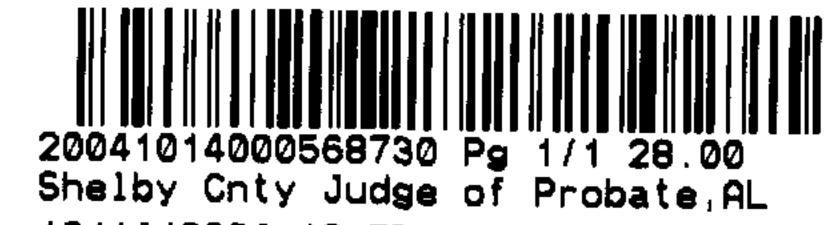
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10/14/2004 12:57:00 FILED/CERTIFIED

UCC FINANCING	STATEME	ENT AMENDMEN	T			
FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CO		5-868-4839				
B. SEND ACKNOWLEDG			······································			
First C	ommercial	Bank				
800 Sha	des Creek	Parkway				
Birming	ham Al 3	5209				
			THE ABOVE	SDACE IS EC	R FILING OFFICE U	SE ONI Y
1a. INITIAL FINANCING STAT	EMENT FILE #	· • · · · · · · · · · · · · · · · · · ·			s FINANCING STATEME	· · · · · · · · · · · · · · · · · · ·
2000-43399 Sh	elby Coun	ty			be filed (for record) (or red AL ESTATE RECORDS.	
			s terminated with respect to security interest(s) of			
CONTINUATION: E			ve with respect to security interest(s) of the Sec	ured Party auth	orizing this Continuation	Statement is
I. ASSIGNMENT (full o	r partial): Give nam	e of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give nam	e of assignor in	item 9.	
. AMENDMENT (PARTY	INFORMATION)	: This Amendment affects De	btor <u>or</u> Secured Party of record. Check on	ly <u>one</u> of these	two boxes.	
<del></del>	_	provide appropriate information in i				
in regards to changing to	address: Please ret the name/address of	er to the detailed instructions a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD	name: Complete item 7a 7c; also complete items 7	or 7b, and also e-7g (if applicable).
S. CURRENT RECORD INF		· ·- ·- ·-		<u> </u>		
6a. ORGANIZATION'S N						
Caldwell M 66. INDIVIDUAL'S LAST		· · · · · · · · · · · · · · · · · · ·	FIRST NAME	MIDDLE	NAME	SUFFIX
'. CHANGED (NEW) OR A	DDED INFORMAT	ON:		<u>.                                    </u>		
7a. ORGANIZATION'S N				<u> </u>		
)R						
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
		· • • • • • • • • • • • • • • • • • • •				
c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
4 SEE INSTRUCTIONS	TADDIL INEO DE	7e. TYPE OF ORGANIZATION	75 ILIPISDICTION OF OPCANIZATION	7m OBC	ANIZATIONAL ID 4 is on	
d. <u>SEE INSTRUCTIONS</u>	ORGANIZATION	, 78. TTE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	rg. ORG	ANIZATIONAL ID #, if an	ıy 1
	DEBTOR					NONE
AMENDMENT (COLLA		·	f3			
Describe collateraldel	eted oradded,	or give entirerestated collater	al description, or describe collateral assign	ed.		
Dantial Da	1 I.	+- 0111	+- +1- C	- Pi	0-1411 O	i
Partiai Ke		•	to the Survey of Phas			
		fice of Shelby C	d in Map Book 32, Page	IUS A	and D, theft	ie riodate
	O1	TICE OF SHELDY C	Ounty, Alabama			
NAME OF SECURED F	PARTY OF RECO	ORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assign	ment) If this is	an Amendment authorize	d by a Debtor which
			by a Debtor, check here and enter name of D			d by a Debior Willer
9a. ORGANIZATION'S NA	ME	· · · · · · · · · · · · · · · · · · ·				···
First Comm		nk				
96. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
<b>0.OPTIONAL FILER REFERE</b>	NCE DATA					

REORDER FROM
Registré, Inc.
514 PIERCE ST. P.O. BOX 218 ANOKA, MN. 55303

(763) 421-1713

Caldwell Mill, LLC