

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
Marilyn McCue 205-868-4839			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
First Commercial Bank			
P.O. Box 11746			
Birmingham, A1 35202			
billingham, Ar 55202			
	THE ABOVE SI	PACE IS FOR FILING OFFICE USE	E ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT	
		to be filed [for record] (or record) REAL ESTATE RECORDS.	rded) in the
2000-43399 Shelby County 2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of th		ion Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above			
continued for the additional period provided by applicable law.	re with respect to security interest(s) or the Cocur	but arry authorizing this continuation of	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name	of assignor in item 9.	
	otor or Secured Party of record. Check only		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Delta		<u>OHB</u> OF 111030 1110 DOXES.	
CHANGE name and/or address: Please refer to the detailed instructions	DELETE name: Give record name	ADD name: Complete item 7a o	r 7b, and also
in regards to changing the name/address of a party.	to be deleted in item 6a or 6b.	item 7c; also complete items 7e-	7q (if applicab <u>le).</u>
6. CURRENT RECORD INFORMATION:	· · · · · · · · · · · · · · · · · · ·		·=
6a. ORGANIZATION'S NAME			
OR Caldwell Mill, LLP 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OB. INDIVIDUAL S LAST NAME			
7. CHANGED (NEW) OR ADDED INFORMATION:	<u> </u>		
7a. ORGANIZATION'S NAME			
OR TILLING LACENIANE	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE MAINE	
		STATE POSTAL CODE	COUNTRY
7¢. MAILING ADDRESS	CITY	STATE POSTAL CODE	COOM
	77 UUDIODIOTIONI OF ODOANIZATIONI	7. ODCANIZATIONAL ID # if any	
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	_
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateralXX deleted or added, or give entire restated collater	al description, or describe collateral assigne	d.	
Partial Release:			
ots 92, according to the Survey of Phas	e Five Caldwell Crossin	gs, 2nd Sector, as	
secorded in Map Book 32, page 103 A and	B, in the Probate Offic	e of Shelby County,	,
Alabama.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of acciones if this is an Acciona	nent) 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 bobtor trition
9a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	
OR First Commercial Bank 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
40 OUTIONAL EILER RETERRISE RATA	<u>, </u>		
10. OPTIONAL FILER REFERENCE DATA			