

## 20050215000074880 Pg 1/2 28.00 Shelby Cnty Judge of Probate, AL

| UC                         | C FINANCIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>G STATEM</b>        | ENT AMEN              | DMEN                                  | T                                                             |                                   |                       |                                                                                                |                  |  |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------------------|---------------------------------------------------------------|-----------------------------------|-----------------------|------------------------------------------------------------------------------------------------|------------------|--|
|                            | LOW INSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
| Α.                         | NAME & PHONE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CONTACT AT FIL         | ER [optional]         |                                       |                                                               |                                   | •                     |                                                                                                |                  |  |
|                            | OFNID A OLGARONAL ED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                       | ··· <del>·</del>                      |                                                               |                                   |                       |                                                                                                |                  |  |
| В.                         | SEND ACKNOWLED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | GMENT TO: (Nan         | ne and Address)       | K                                     | AA                                                            |                                   |                       |                                                                                                |                  |  |
|                            | Corporati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | on Service             | Company               |                                       |                                                               |                                   | -                     |                                                                                                |                  |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STEVENSON              |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | . DILVLINDOIN          |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
| i                          | Sprinafie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ld, IL 627             | 0.3                   |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
|                            | Springfie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
|                            | ~ ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | 202223-5              | , , ,                                 |                                                               |                                   |                       |                                                                                                |                  |  |
|                            | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                       |                                       | السيب                                                         | THE ABOVE S                       | SPACE IS FO           | R FILING OFFICE U                                                                              | SE ONLY          |  |
| 1a.                        | INITIAL FINANCING STA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TEMENT FILE #          |                       |                                       |                                                               |                                   |                       | FINANCING STATEME                                                                              |                  |  |
| 20                         | 000-21019 Dat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e:06/23/20             | 00 B: P:              |                                       |                                                               |                                   | to b                  | e filed [for record] (or rec                                                                   |                  |  |
| 2.                         | TERMINATION: E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ffectiveness of the Fi | nancing Statement ide | ntified above is                      | terminated with res                                           | pect to security interest(s) of t |                       | AL ESTATE RECORDS.                                                                             | action Statement |  |
| 3 ,                        | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
| J. D                       | continued for the add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | itional period provide | ed by applicable law. | identified above                      | e with respect to se                                          | ecurity interest(s) of the Secu   | ired Party autho      | orizing this Continuation                                                                      | Statement is     |  |
| 4.                         | ASSIGNMENT (full                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | or portiol): Civo por  | no of occionos in its | 7 7h                                  |                                                               |                                   |                       | ····                                                                                           |                  |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       |                                       |                                                               | n item 7c; and also give name     |                       |                                                                                                |                  |  |
| _                          | MENDMENT (PART                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                       |                                       |                                                               | d Party of record. Check onl      | y <u>one</u> of these | two boxes.                                                                                     |                  |  |
| ,<br>_                     | Also check <u>one</u> of the folional of the folion of the foli |                        |                       |                                       |                                                               | v. Circ record warms              |                       |                                                                                                |                  |  |
|                            | in regards to changing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | the name/address of a  | party.                | 115                                   | DELETE name: Give record name to be deleted in item 6a or 6b. |                                   | alsoc                 | ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |                  |  |
| 6. (                       | CURRENT RECORD IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       | · · · · · · · · · · · · · · · · · · · |                                                               | -                                 |                       |                                                                                                | ···········      |  |
|                            | 6a. ORGANIZATION'S I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME                   |                       |                                       |                                                               |                                   | " '                   | . (                                                                                            | •                |  |
| OR                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , ,                    |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
| O. C                       | 6b. INDIVIDUAL'S LAS<br>I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TNAME                  |                       |                                       | FIRST NAME                                                    |                                   | MIDDLE                | NAME                                                                                           | SUFFIX           |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
| 7. (                       | CHANGED (NEW) OR A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ADDED INFORMAT         | ION:                  | ١                                     |                                                               |                                   |                       |                                                                                                | ··· <u>·</u>     |  |
|                            | 7a. ORGANIZĄTION'S I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME                   |                       | •                                     | * _                                                           |                                   |                       | -                                                                                              |                  |  |
| ΩB                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       |                                       |                                                               | •                                 |                       |                                                                                                |                  |  |
| 7b. INDIVIDUAL'S LAST NAME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       | FIRST NAME                            |                                                               | MIDDLE                            | MIDDLE NAME SI        |                                                                                                |                  |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
| 7c. l                      | MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | ·····                 | <del></del>                           | CITY                                                          |                                   | STATE                 | POSTAL CODE                                                                                    | COUNTRY          |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
| 7d. 3                      | SEEINSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADD'L INFO RE          | 7e. TYPE OF ORGAN     | VIZATION                              | 7f. JURISDICTIO                                               | NOF ORGANIZATION                  | 7a. ORG               | ANIZATIONAL ID #, if an                                                                        |                  |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ORGANIZATION<br>DEBTOR | 1                     |                                       |                                                               |                                   |                       |                                                                                                | ,<br>            |  |
| 0 /                        | MENDMENT (COLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | <u></u>               |                                       | · · · · · · · · · · · · · · · · · · ·                         |                                   | <u></u>               |                                                                                                | NON              |  |
|                            | MENDMENT (COLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
| U                          | escribe collateralde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eleted or added,       | or give entire res    | stated collateral                     | description, or de                                            | scribe collateral assigne         | ed.                   |                                                                                                |                  |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       |                                       |                                                               |                                   |                       |                                                                                                |                  |  |
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| adds condition adds the additionzing Debtor, of It this     | is a Termination authorized by a Debtor, check here 🔲 and ente | er name of DEBTOR authorizing this Amendme | ent.                                          |  |  |  |  |
|-------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|--|--|--|--|
| 9a. ORGANIZATION'S NAME                                     | ······································                         |                                            | , <u>, , , , , , , , , , , , , , , , , , </u> |  |  |  |  |
| General Electric Capital Business Asset Funding Corporation |                                                                |                                            |                                               |  |  |  |  |
|                                                             |                                                                |                                            |                                               |  |  |  |  |
| 9b. INDIVIDUAL'S LAST NAME                                  | FIRST NAME                                                     | MIDDLE NAME                                | SUFFIX                                        |  |  |  |  |

AL-Shelby County Probate Court

Debtor: Carbone Properties of Alabaster, LLC

20050215000074880 Pg 2/2 28.00 Shelby Cnty Judge of Probate, AL 02/15/2005 11:45:00 FILED/CERTIFIED

## EXHIBIT "A"

## Legal Description

County, Alabama, and run thence Easterly along the South line of said Section 11 a distance of 1,600.69 feet to a point on the Easterly side of Alabama Highway No. 119; thence turn a deflection angle of 65 deg. 48 min. 59 sec. left and run North 24 deg. 21min. 36 sec. East parallel with the new right of way of said Alabama Highway No. 119 a distance of 803.19 feet to a set ½ inch steel rebar corner and the point of beginning of the property being described; thence continue North 24 deg. 21 min. 36 sec. East along the easterly line of a public street tentatively named Kentstone Way a measured distance of 325.04 feet to a set ½ inch steel rebar corner at the Southeast intersection of two public streets tentatively named Kentstone Way and Kentstone Boulevard; thence run South 65 deg. 38 min. 24 sec. East along the Southerly line of said Kentstone Boulevard a distance of 469.11 feet to a set ½ inch steel rebar corner very near an existing fence line; thence South 24 deg. 21 min. 36 sec. West along said fence line a distance of 325.04 feet to a set 1/3 inch steel rebar corner; thence North 65 deg. 38 min. 24 sec. West along said South of said fence a distance of 469.11 feet to the point of beginning; being situated in Shelby County, Alabama.

Inst # 2000-21019

D6/23/2000-21015
D8:40 AM DERTUFUED
SELRY MUTTY JETSE OF FLORME
12.00