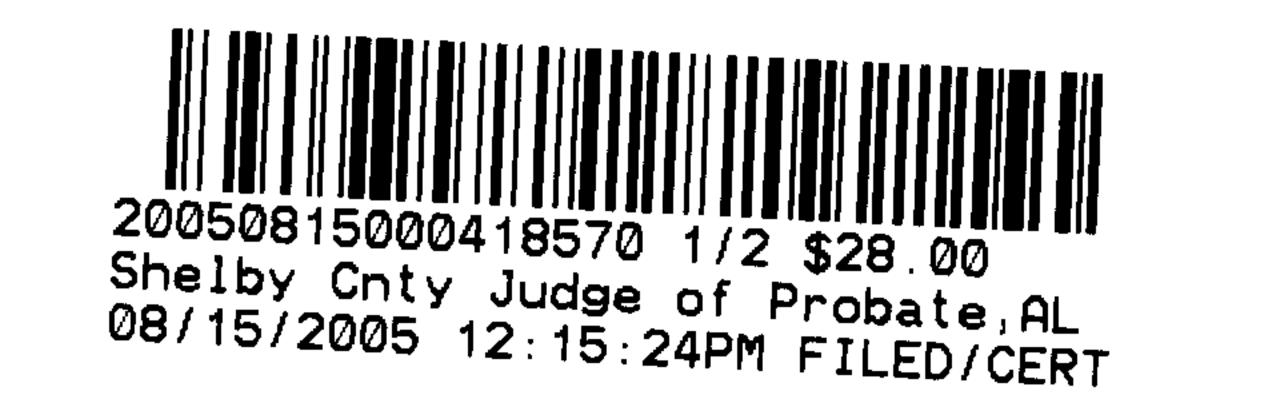
| •               |      |      |      |
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## UCC FINANCING STATEMENT

| A. NAME & PHONE OF CO   | ONTACT AT FILE  | R [optional]  |   |              |                                 |             |  |
|---|---|---|---|--------------|---------------------------------|-------------|--|
| SEND ACKNOWLEDGE  | MENT TO: (Nan   | ne and Address)   |   |              |                                 |             |  |
| Emmanuel, Sh<br>John W. Monr<br>30 S. Spring S<br>Pensacola, FL | oe, Jr.<br>t.   | ndon  |   |              |                                 |             |  |
|   |   |   | THE ABOV  | ESDACEISE    | OD EU ING OFFICE LI             |             |  |
| DEBTOR'S EXACT FU   | ILL LEGAL NAM   | E'- insert only <u>one</u> debtor name (1a                        | or 1b) - do not abbreviate or combine names     | E SPACE IS F | OR FILING OFFICE US             | SEUNLY      |  |
| 1a. ORGANIZATION'S NA   |   |   |   |              |                                 | <del></del> |  |
| Adams Homes, L  |   | <del></del>   |   |              |                                 |             |  |
| 16. INDIVIDUAL'S LAST N   | IAME  |   | FIRST NAME                                      | MIDDLE       | NAME                            | SUFFIX      |  |
| MAILING ADDRESS   | <del></del>   |   | CITY  | STATE        | POSTAL CODE                     | COUNTRY     |  |
| 101 Gulf Breeze Par   | kway Suite 2  | 29  | Gulf Breeze                                     | FL           | 32561                           | US          |  |
| TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION     |   | 1e. TYPE OF ORGANIZATION  | 1f. JURISDICTION OF ORGANIZATION                | 1g. ORG      | 1g. ORGANIZATIONAL ID #, if any |             |  |
| ORGANIZATION Limited Liability Co.                              |   | Limited Liability Co.   | Alabama   | •            | DLL 656-401                     |             |  |
| 2b. INDIVIDUAL'S LAST N   | 2b. INDIVIDUAL'S LAST NAME  |   | FIRST NAME                                      | MIDDLE       | MIDDLE NAME                     |             |  |
| MAILING ADDRESS   |   |   | CITY  | STATE        | POSTAL CODE                     | COUNTRY     |  |
| . TAX ID #: SSN OR EIN  | X ID #: SSN OR EIN ADD'L INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR |   | 2f. JURISDICTION OF ORGANIZATION                | 2g. ORC      | 2g. ORGANIZATIONAL ID #, if any |             |  |
|   |   | of TOTAL ASSIGNEE of ASSIGNOR                                     | S/P) - insert only one secured party name (3a o | or 3b)       |                                 |             |  |
| Ohio Sovinge Des  |   |   |   |              | •                               |             |  |
| R 3b. INDIVIDUAL'S LAST N                                       | Ohio Savings Bank 3b. INDIVIDUAL'S LAST NAME                                    |   | FIRST NAME                                      | MIDDLE       | MIDDLE NAME                     |             |  |
| . MAILING ADDRESS   | <del></del>   |   | CITY  | STATE        | POSTAL CODE                     | COUNTRY     |  |
| 1801 East Ninth St  | reet  |   | Cleveland                                       | ОН           | 44114                           | US          |  |
|   | oit "A" attach  | ring collateral: Led hereto and made a particle. Security to Mort |   |              | 5004                            | 1853        |  |

| . ALTERNATIVE DESIGNATION [if applicable]:                                   |   | NEE/CONSIGNOR | BAILEE/BAILOR   | SELLER/BUYER                | AG. LIEN    | NON-UC   | CFILING  |
|--|---|---------------|-----------------|-----------------------------|-------------|----------|----------|
| This FINANCING STATEMENT is to be filed [for ESTATE RECORDS. Attach Addendum | or record) (or recorded) in the REAL<br>(if applicable) |               | ST SEARCH REPOR | T(S) on Debtor(s) optional] | All Debtors | Debtor 1 | Debtor 2 |
| OPTIONAL FILER REFERENCE DATA  | A0428-10  | 7 / N X * 7   |                 |                             |             |          |          |
|  | F10420 10   |               |                 |                             |             |          |          |

20050815000418570 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 08/15/2005 12:15:24PM FILED/CERT

Lots 1 through 16, inclusive 71, 103, 104 and 188, 189, 190, 191 and 192, Old Ivy Subdivision, Phase 1, being a resurvey of portions of Lots 22 through 32 Tract Fifty-One Subdivision, Parcel "B", as recorded in Document 20050614000290310 and Map Book 35, Page 43-A, in the Office of the Judge of Probate of Shelby County, Alabama.