| UCC FINANCIN | G STATEMENT AMENDMEN | VT | | |
|--|---|---|--|-------------------------------------|
| FOLLOW INSTRUCTION | S (front and back) CAREFULLY | | | |
| | CONTACT AT FILER [optional] Cue 205-868-4839 | Sh | 0050913000474270 1/1 \$.00 helby Cnty Judge of Probate,f 3/13/2005 12:15:14PM FILED/CE | |
| Marilyn McC B. SEND ACKNOWLED | GMENT TO: (Name and Address) | | TOTALEDICE | |
| | | | | |
| | 1 - 1 D - 1 - 1 | | | |
| | Commercial Bank ades Creek Parkway | | | |
| | sham, A1. 35209 | | | |
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| | | | | |
| 1a. INITIAL FINANCING STA | TEMENT FILE # | THE ABOVE | SPACE IS FOR FILING OFFICE USI 1b. This FINANCING STATEMEN | |
| 20050131 00 | 00046480 Shelby JOP | | to be filed [for record] (or reco | |
| 2XX TERMINATION: E | ffectiveness of the Financing Statement identified above | is terminated with respect to security interest(s) of | the Secured Party authorizing this Terminal | ion Statement. |
| 3. CONTINUATION: continued for the additional continued for the co | Effectiveness of the Financing Statement identified aboutional period provided by applicable law. | ove with respect to security interest(s) of the Sec | ured Party authorizing this Continuation St | atement is |
| | or partial): Give name of assignee in item 7a or 7b and | address of assignee in item 7c; and also give now | | |
| 5. AMENDMENT (PART | Y INFORMATION): This Amendment affects De | ebtor or Secured Party of record. Check on | ly one of these two boxes | |
| Also check <u>one</u> of the folk | wing three boxes and provide appropriate information in | items 6 and/or 7. | The state of the s | |
| in regards to changing | r address: Please refer to the detailed instructions the name/address of a party. | DELETE name: Give record name to be deleted in item 6a or 6b. | ADD name: Complete item 7a or item 7c; also complete items 7e- | 7b, and also 7g (if applicable). |
| 6a. ORGANIZATION'S I | | | | |
| Longlea: | f Homes, Inc. | | | |
| 6b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7 CUANCED (MENA) | | | | |
| 7a. ORGANIZATION'S N | | | | |
| OR | | | | |
| 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS | | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | CITY | STATE POSTAL CODE | COLINETON |
| | | | SIAIL CODE | COUNTRY |
| 7d. SEE INSTRUCTIONS | ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any | |
| | DEBTOR | | | NONE |
| Describe collateral de | TERAL CHANGE): check only <u>one</u> box. leted or added, or give entire restated collater | ral description, or describe collateral assign | ed. | |
| Terminatio | n: 20050131000046480 | | | |
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| | | | | |
| . NAME OF SECURED | PARTY OF RECORD AUTHORIZING THIS AME | NDMENT (name of assignor, if this is an Assigni | ment). If this is an Amendment authorized b | y a Debtor which |
| 9a. ORGANIZATION'S N | addictizing Debtor, of it this is a Termination authorized | by a Debtor, check here and enter name of D | EBTOR authorizing this Amendment. | |
| First Comm | nercial Bank | | | |
| 96. INDIVIDUAL'S LAST | NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | | |
| O.OPTIONAL FILER REFERE | ence data Leaf #5 | | | |
| rong | LUGI II J | | | |