

	C FINANCING STATEMENT AMENDM. OW INSTRUCTIONS (front and back) CAREFULLY		•	
4.1	AME & PHONE OF CONTACT AT FILER (optional) Tonia Rivers (205) 868-4845			
3. ₹	END ACKNOWLEDGMENT TO: (Name and Address)			
	First Commercial Bank 800 Shades Creek Parkway			
	Birmingham, AL 35209			
				•
			ABOVE SPACE IS FOR FILING OFFI	CE USE ONLY
a.	VITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STA	TEMENT AMENDMENT is
	20050303000099860	Shelby County	To be filed [for record] REAL ESTATE RECO	
-14	TERMINATION: Effectiveness of the Financing Statement Identified a			
·L	CONTINUATION: Effectiveness of the Financing Statement identification of the additional period provided by applicable law.	ed above with respect to security interest(s) of	f the Secured Party authorizing this Contin	uation Statement is
1	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	and address of assignee in Item 7c; and also	give name of assignor in item 9.	
	MENDMENT (PARTY INFORMATION): This Amendment affects		Check only one of these two boxes.	
	so check <u>one</u> of the following three boxes <u>and</u> provide appropriate informat I CHANGE name and/or address: Please refer to the detailed instructions I in regards to changing the name/address of a party.		e ADD name: Complete	tem 7a or 7b, and also
	I in regards to changing the name/address of a party. URRENT RECORD INFORMATION:	to be deleted in item 6a or 6b.	tem /c: also complete	tems 7e-7a (if applicable).
	6a. ORGANIZATION'S NAME	·		
R	Brantley Homes Inc	IFIRST NAME	IMIDDLE NAME	SUFFIX
	OU. HADIAIDOME O EVOI MAME	FIRCS I VANICE		
. (HANGED (NEW) OR ADDED INFORMATION:			
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1	7a. ORGANIZATION'S NAME		المنظمة المنظمة - المنظمة	
Q		IFIRST NAME	IMIDDLE NAME	SUFFIX
a	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
æ		FIRST NAME	MIDDLE NAME STATE POSTAL CODE	
a.	76. INDIVIDUAL'S LAST NAME IAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
c. A	76. INDIVIDUAL'S LAST NAME	CITY	STATE POSTAL CODE	COUNTRY
A. A.	76. INDIVIDUAL'S LAST NAME IAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE); check only one box.	CITY ON 71. JURISDICTION OF ORGANIZATI	STATE POSTAL CODE	COUNTRY #, if any
R d.	ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR	CITY ON 71. JURISDICTION OF ORGANIZATI	STATE POSTAL CODE	COUNTRY #, if any
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A. A.	76. INDIVIDUAL'S LAST NAME IAILING ADDRESS ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE); check only one box. Scribe collateral deleted or added, or give entire restated c	ON 7f. JURISDICTION OF ORGANIZATI ollateral description, or describe collateral	STATE POSTAL CODE 7g. ORGANIZATIONAL ID assigned.	#, if any
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RA	ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE); check only one box. scribe collateral deleted or added, or give entire restated c	ON 71. JURISDICTION OF ORGANIZATI oliateral description, or describe collateral	STATE POSTAL CODE 7g. ORGANIZATIONAL ID assigned.	#, if any
A. A.	ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE); check only one box. scribe collateral deleted or added, or give entire restated c	ON 71. JURISDICTION OF ORGANIZATI oliateral description, or describe collateral	STATE POSTAL CODE 7g. ORGANIZATIONAL ID assigned.	#, if any
R A D	IAILING ADDRESS ADD'L INFO RE	ON 7f. JURISDICTION OF ORGANIZATI collateral description, or describe collateral AMENDMENT (name of assignor, if this is	STATE POSTAL CODE ON 7g. ORGANIZATIONAL ID assigned. an Assignment). If this is an Amendment a	#, if any Non
R A A	ALLING ADDRESS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. Decribe collateral deleted or added, or give entire restated or added.	ON 7f. JURISDICTION OF ORGANIZATI collateral description, or describe collateral AMENDMENT (name of assignor, if this is	STATE POSTAL CODE ON 7g. ORGANIZATIONAL ID assigned. an Assignment). If this is an Amendment a	#, if any Non
R A A	ADD'L INFO RE TO. TYPE OF ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. scribe collateral deleted or added, or give entire restated or scribe collateral organization and the scribe collateral organization of this is a Termination authorizing Debtor, or if this is a Termination authorization's NAME First Commercial Bank	ON 7f. JURISDICTION OF ORGANIZATI collateral description, or describe collateral AMENDMENT (name of assignor, if this is	STATE POSTAL CODE TON 7g. ORGANIZATIONAL ID assigned. an Assignment). If this is an Amendment an arme of DEBTOR authorizing this Amendr	#, if any Non
R A A	ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. Secribe collateral deleted or added, or give entire restated or secribe collateral organization of this is a Termination authorizing Debtor, or if this is a Termination authorizing ORGANIZATION'S NAME	ON 7f. JURISDICTION OF ORGANIZATI collateral description, or describe collateral AMENDMENT (name of assignor, if this is	STATE POSTAL CODE ON 7g. ORGANIZATIONAL ID assigned. an Assignment). If this is an Amendment a	#, if any Non

REORDER FROM
REOGISTS, Inc.
814 PIERCE ST.
P.O. BOX 218