## Shelby Cnty Judge of Probate, AL 04/21/2006 10:33:56AM FILED/CERT UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 11467 Wachovia Bank, 8231772 **UCC Direct Services** P.O. Box 29071 ALAL Glendale, CA 91209-9071 FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. 2003021000081170 02/10/03 Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. **TERMINATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is CONTINUATION: continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9. Secured Party of record. Check only one of these two boxes. Debtor or 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new ADD name: Complete item 7a or 7b. and also DELETE name: Give record name item 7c; also complete items 7d-7g (if applicable) name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME ALABASTER RETAIL PROPERTY LLC OR SUFFIX MIDDLE NAME FIRST NAME 6b. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR SUFFIX MIDDLE NAME FIRST NAME 7b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 7c. MAILING ADDRESS 7g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION 7e. TYPE OF ORGANIZATION 7d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. restated collateral description, or describe collateral assigned. added, or give entire deleted or Describe collateral

NAME OF SECURED PARTY OF RECORD AUTHO	ORIZING THIS AMENDMENT (name of assignor, if this is a Termination authorized by a Debtor, check here and ent	an Assignment). If this is an Amendment author ter name of DEBTOR authorizing this Amendment	ized by a Debtor which nt.
9a. ORGANIZATION'S NAME Wachovia Bank, National Association SU	•		
R 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

8231772 Debtor Name: ALABASTER RETAIL PROPERTY LLC 05-5051879843 0101/4701230

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UC FO	C FINANCING S	STATEME NS (front an	NT AMENDMEN d back) CAREFULLY	NT ADDENDUM	
		<del>سے کا کا ان ان</del>	E # (same as item 1a on Ame	ndment form)	
200	03021000081170	02/10/03	Shelby		
12. I	NAME of PARTY AUTHOR	RIZING THIS AM	ENDMENT (same as item 9 on Am	nendment form)	
	12a. ORGANIZATION'S NAME Wachovia Bank, National Association SUCCESSOR TO SOUTHTRUST BANK				
OR •	12b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
3.	Use this space for add	ditional inform	ation		

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

\_\_ Description: SEE ORIG FILING FOR EXHIBIT A

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