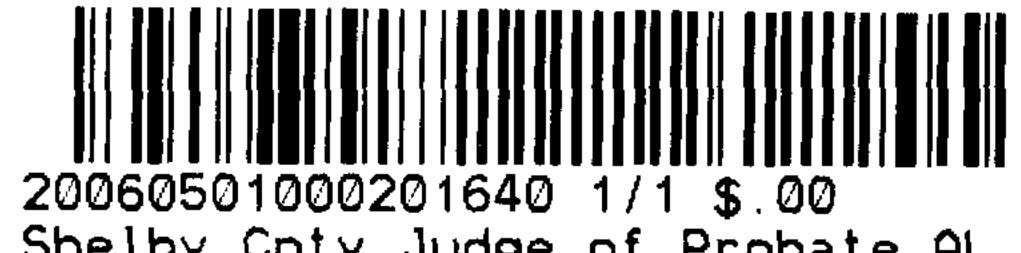
	2006050 Shelby
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JCC FINANCING STATEMENT AMENDMENT			Shelby Cnty Judge of Probate,AL 05/01/2006 12:12:27PM FILED/CERT	
OLLOW INSTRUCTIONS (from NAME & PHONE OF CONTA				
SEND ACKNOWLEDGMEN	ΓΤΟ: (Name and Address)			
THEDECAL	TIIDNED			
THERESAL				
	OURT LOT 7 ILLE, AL 35078			
HAREESV	ILLE, AL SSU/O			
NITIAL FINANCING STATEME	NT FILE #		THE ABOVE SPACE IS FOR FILING OF 1b. This FINANCING S	FICE USE ONLY TATEMENT AMENDMENT is
	ile #2000-00489	BK PG		rd] (or recorded) in the
TERMINATION: Effective	ness of the Financing Statement identifie	ed above is terminated with respect to securi	ty interest(s) of the Secured Party authorizing th	
		tified above with respect to security interest	(s) of the Secured Party authorizing this Contin	nuation Statement is
	period provided by applicable law. tial): Give name of assignee in item 7a o	or 7b and address of assignee in item 7c; and	also give name of assignor in item 9.	
		s Debtor or Secured Party of reco		
Also check one of the following th	ree boxes and provide appropriate inform	nation in items 6 and/or 7.		_1_4_7
name (if name change) in ite	ess: Give current record name in item 6a m 7a or 7b and/or new address (if address)	ss change) in item 7c. to be deleted i	e: Give record name ADD name: Comp in item 6a or 6b. item 7c; also com	olete item 7a or 7b, and also olete items 7d-7g (if applicable
CURRENT RECORD INFORM 6a. ORGANIZATION'S NAME				
R				
6b. INDIVIDUAL'S LAST NAMI		FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDE) INFORMATION:	THERESA		
7a. ORGANIZATION'S NAME	ZINI CINIZITON.		· · · · · · · · · · · · · · · · · · ·	
R				
7b. INDIVIDUAL'S LAST NAMI		FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS		CITY	STATE POSTAL COL	E COUNTRY
	OD'L INFO RE 7e. TYPE OF ORGANIZAT RGANIZATION	TION 7f. JURISDICTION OF ORGANI.	ZATION 7g. ORGANIZATIONAL IE) #, if any
	BTOR			NO
	AL CHANGE): check only o <u>ne box.</u>	d collateral description, or describe collater	al Taccionad	
	Ladded, or give critice Lacated	a condition describe condition	ai j osigneu.	
1986				
RIVERBEND				
ROM00370ALAB				
NAME OF SECURED PAR	TY OF RECORD ALITHORIZING TI	HIS AMENIDMENIT (name of accioner if the	is is on Assignment). If this is on Amendment -	
adds collateral or adds the author	rizing Debtor, or if this is a Termination a	authorized by a Debtor, check here and	nis is an Assignment). If this is an Amendment a enter name of DEBTOR authorizing this Amen	dment.
9a. ORGANIZATION'S NAME				
GREEN TREF S		ONSECO FINANCE CORP. FIRST NAME	-ALABAMA MIDDLE NAME	SUFFIX
	_		MINDOFF IAWINE	JOURNA
9b. INDIVIDUAL'S LAST NAME				
		18363060	EMILIA ONTIVERO	S - DDD