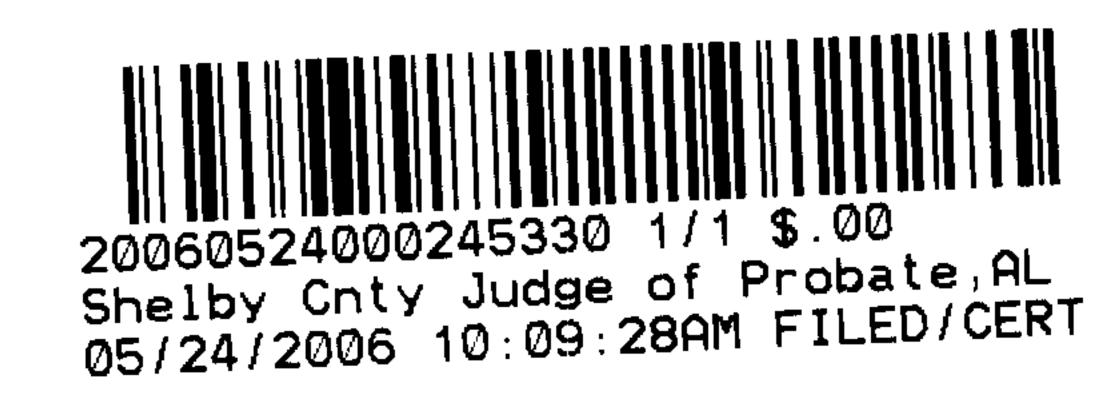
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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER (optional)			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
MIDFIRST BANK			
ATTN: EVERETT WARREN			
P. O. BOX 268879			
OKLAHOMA CITY, OK 73126-8879			
	THE ABOVE SPACE	IS FOR FILING OFFICE US	E ONLY
1a INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATE!	MENT AMENDMENT
20050629000324560 FILED 6-29-05 SHELBY CTY, ALABAMA		REAL ESTATE RECORD	•
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminate	ated with respect to security interest(s) of the Secured Party	authorizing this Termination Statem	nent
3. CONTINUATION: Effectiveness of the Financing Statement identified above wi the additional period provided by applicable law.	ith respect to security interest(s) of the Secured Party a	uthorizing this Continuation State	ment is continued for
	a or 7b and address of assignee in item 7c; and also g	ive name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Pebtor	or Secured Party of record. Check only one of	f these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; also give	item 6 and/or 7. new name (ifDELETE name: Give record name to	ADD name: Complete item	7a or 7b, and also item
CHANGE name and/or address: Give current record name in item 6a or 6b; also give name change) in item 7a or 7b and/or new address (if address change) in item 7c	be deleted in item 6a or 6b	7c; also complete items 7d-	
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME SDD DDODEDTIES LLC			
OR SPD PROPERTIES, LLC 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME OR			
7.b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID#: SSN OR EIN OPTIONAL ADD'L INFO RE ORGANIZATION ORGANZIATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if a	
DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one hov			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateraldeleted oradded, or give entire restated col	llateral description., or describe collateral	assigned	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (nar	me of assignor, if this is an Assignment). If this is an Ar	nendment authorized by a Debtor	which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a 9a. ORGANIZATION'S NAME	Debtor, check here and enter name of the control of the cont	DEBTOR authorizing this Amenda	nent.
OR MIDFIRST BANK			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
40 ODTIONAL EU ED DECEDENOE DATA			
10. OPTIONAL FILER REFERENCE DATA			
916070-100/11700/PD 5-1-06/LM			. <u>.</u>