## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTION					
A. NAME & PHONE OF C					
B. SEND ACKNOWLEDG		379–6996 me and Address)			•
Byars an	d Company	y, Inc.			
P.O. Box 530310					
Birmingh	am, AL 35	5253			
Attn: Da	nee' Cost	<b>la</b>			
				SPACE IS FOR FILING OFFICE	E HSE ANI V
1a. INITIAL FINANCING STA	TEMENT FILE #				EMENT AMENDMENT is
2001-44288				to be filed [for record] (continued in the second of the s	
	fectiveness of the F	inancing Statement identified above	is terminated with respect to security interest(s) of		
3. X CONTINUATION: I continued for the addit	Effectiveness of the ional period provid	Financing Statement identified ab ed by applicable law.	ove with respect to security interest(s) of the Se	cured Party authorizing this Continuat	tion Statement is
4. ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or 7b and	address of assignee in item 7c; and also give nar	ne of assignor in item 9.	
			ebtor <u>or</u> Secured Party of record. Check o		
		nd provide appropriate information in			
in regards to changing		efer to the detailed instructions of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete iten item 7c; also complete iten	•
6. CURRENT RECORD IN 6a. ORGANIZATION'S N					
		Enterprises Ten,	LLC		
OR 6b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OR A	DDED INFORMA	ΓΙΟΝ:			
7a. ORGANIZATION'S N	IAME				
OR				· · · · · · · · · · · · · · · · · · ·	
7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	, <u> </u>		CITY	STATE POSTAL CODE	COUNTRY
2101 Highlan	d Ave., S	uite 700	Birmingham	AL 35205	USA
7d. SEE INSTRUCTIONS		7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, i	<u> </u>
	ORGANIZATION DEBTOR	LLC	Alabama		NONE
8. AMENDMENT (COLLA Describe collateral del		E): check only <u>one</u> box.	eral description, or describe collateral assig	ned.	
NAME OF SECURED I adds collateral or adds the a	PARTY OF REC	ORD AUTHORIZING THIS AME	ENDMENT (name of assignor, if this is an Assignor) and enter name of [	nment). If this is an Amendment authorizing this Amendmen	orized by a Debtor which
9a. ORGANIZATION'S NA			by a Debior, Check here and entername of L	JED I OR authorizing this Amendmen	
Jefferson-		fe Insurance Com	ກລກາ		
9b. INDIVIDUAL'S LAST	NAME	TO THOUTOUT COIL	FIRST NAME	MIDDLE NAME	SUFFIX
0.OPTIONAL FILER REFERE	NCE DATA				
Loan No. 33	0001				

(763) 421-1713