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Shelby Cnty Judge of Probate, AL 06/07/2006 03:19:57PM FILED/CED

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UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] Tonia Rivers 205-868-4845			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
First Commercial Bank			
800 Shades Creek Parkway			
Birmingham, AL 35209			
	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE # 20050412000171990 Shelby County		1b. This FINANCING STATEMENT At to be filed [for record] (or record) REAL ESTATE RECORDS.	
	is tarminated with respect to sequeity interest(s) of the		
2. TERMINATION: Effectiveness of the Financing Statement identified above i			
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secured	raity aumorizing this Continuation State	SHEIL IS
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name of	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De			
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i			
CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change	DELETE name: Give record name) in item 7c. DELETE name: Give record name Deleted in item 6a or 6b.	e ADD name: Complete item 7a ditem 7c; also complete items 7d	or 7b, and also -7g (if applicable).
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
Cross Custom Homes, Inc OR 6b. INDIVIDUAL'S LAST NAME			JOUEEN.
OD. HADIAIDONE O ENGT INNIE	FIRST NAME	MIDDLE NAME	SUFFIX
7 CHANCED (NEW) OD ADDED INCODMATION.			
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·		······································
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collater	al description, or describe collateral assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI	ENDMENT (name of assignor, if this is an Assignmen	nt). If this is an Amendment authorized by	a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	ENDMENT (name of assignor, if this is an Assignmer by a Debtor, check here and enter name of DEB	nt). If this is an Amendment authorized by TOR authorizing this Amendment.	a Debtor which
9a. ORGANIZATION'S NAME	ENDMENT (name of assignor, if this is an Assignmer by a Debtor, check here and enter name of DEB	nt). If this is an Amendment authorized by TOR authorizing this Amendment.	a Debtor which
9a. ORGANIZATION'S NAME First Commercial Bank	ENDMENT (name of assignor, if this is an Assignmer by a Debtor, check here and enter name of DEB	nt). If this is an Amendment authorized by TOR authorizing this Amendment.	a Debtor which
9a. ORGANIZATION'S NAME First Commercial Bank	ENDMENT (name of assignor, if this is an Assignmer by a Debtor, check here and enter name of DEB	nt). If this is an Amendment authorized by TOR authorizing this Amendment. MIDDLE NAME	a Debtor which
9a. ORGANIZATION'S NAME First Commercial Bank 9b. INDIVIDUAL'S LAST NAME	by a Debtor, check here and enter name of DEB	TOR authorizing this Amendment.	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	by a Debtor, check here and enter name of DEB	TOR authorizing this Amendment.	