

20060807000381370 1/1 \$.00 Shelby Cnty Judge of Probate,AL 08/07/2006 02:45:19PM FILED/CERT

OW INSTRUCTIONS (front and back) CAREFULLY			
NIE O DUANE AE AANTAAT AT EN GO LANKANAN			
ME & PHONE OF CONTACT AT FILER [optional]			
ura Dreier 760-918-2745			
ND ACKNOWLEDGMENT TO: (Name and Address)			
Wells Fargo Bank, N.A.	I de la constant de		
Attn. Loan Administration			
5938 Priestly Drive, Suite 200			
Carlsbad, CA 92008			
Cai isbau, CA 72000			
	THE ABOVE SPA	ACE IS FOR FILING O	
TIAL FINANCING STATEMENT FILE #		1	STATEMENT AMENDMENT is
trument: 2001-01918 Filed: 01/18/2001		REAL ESTATE R	ord] (or recorded) in the ECORDS.
TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the		
CONTINUATION: Effectiveness of the Financing Statement identified above			
continued for the additional period provided by applicable law.	ve with respect to security interest(s) or the ecourse	r t dity bounding time oo	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a			
MENDMENT (PARTY INFORMATION): This Amendment affects Del		ne of these two boxes.	
o check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in it			<u> </u>
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete also complete items 7	e item 7a or 7b, and also item 7c; 7e-7g (if applicable).
JRRENT RECORD INFORMATION:			
a. ORGANIZATION'S NAME	<u></u>		
Faraasi Dramartias Ina			
Farooqi Properties, Inc. b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
D. HADIAIDONE O ENGLI IANIALE			
HANGED (NEW) OR ADDED INFORMATION: 'a. ORGANIZATION'S NAME			
'a. ORGANIZATION'S NAME 'b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME STATE POSTAL CO	
'a. ORGANIZATION'S NAME 'b. INDIVIDUAL'S LAST NAME AILING ADDRESS	CITY	STATE POSTAL CO	DDE COUNTRY
AILING ADDRESS ADD'L INFO RE 7e. TYPE OF ORGANIZATION			DDE COUNTRY
'a. ORGANIZATION'S NAME 'b. INDIVIDUAL'S LAST NAME AILING ADDRESS	CITY	STATE POSTAL CO	DDE COUNTRY ID #, if any
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