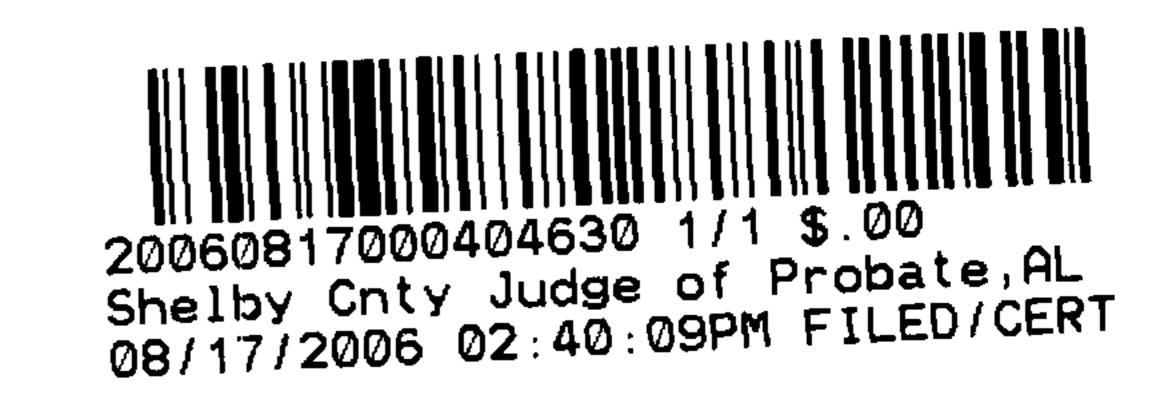
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A. NAME & PHONE OF CONTACT AT FILER [optional]			
CINDY BURDETT			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
FIRST COMMERCIAL BANK 800 SHADES CREEK PARKWAY BIRMINGHAM,AL 35209			
	THE ABOVE S	PACE IS FOR FILING OFFICE USE	ONLY
a. INITIAL FINANCING STATEMENT FILE # # 20050830000446750 SHELBY COUNTY AL		1b. This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of th		
CONTINUATION: Effectiveness of the Financing Statement identified about			
continued for the additional period provided by applicable law.			
ANENDMENT (full or partial): Give name of assignee in item 7a or 7b and			
. AMENDMENT (PARTY INFORMATION): This Amendment affects De Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in		one of these two boxes.	
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	so give new DELETE name: Give record na e) in item 7c. to be deleted in item 6a or 6b.	me DADD name: Complete item 7a item 7c; also complete items 7	
. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME DD ANTI EV LIONES INC			
BRANTLEY HOMES, INC 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		· · · · · · · · · · · · · · · · · · ·
)R			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
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d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.			NO
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