

20061013000509410 1/2 \$28.00
Shelby Cnty Judge of Probate, AL
10/13/2006 02:17:56PM FILED/CERT

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) MetLife Insurance Company of Connecticut f/k/a The Travelers Insurance Company 6750 Poplar Avenue, Suite 109 Memphis, Tennessee 38138 Attention: AgriFinance Department				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE # #2000-36788 (Probate Office of Shelby County, AL); continued under file # 2005-0427000200670			1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input checked="" type="checkbox"/>	
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.				
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement. Is continued for the additional period provided by applicable law.				
4. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7 <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b <input type="checkbox"/> ADD name: Complete item 7a or 7b and also item 7c; also complete items 7d-7g (if applicable).				
6. CURRENT RECORD INFORMATION				
OR	6a. ORGANIZATION'S NAME Cahaba Forests, LLC			
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION				
OR	7a. ORGANIZATION'S NAME			
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS c/o Hancock Timber Resource Group 99 High Street, 26 th Floor		CITY Boston	STATE MA	POSTAL CODE 02110-2320 COUNTRY USA
7d. TAX ID #: SSN OR EIN [REDACTED]	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION Limited liability company	7f. JURISDICTION OF ORGANIZATION Delaware	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box Describe collateral <input checked="" type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned. This is a PARTIAL RELEASE , which pertains only to the tracts of land described on <u>Exhibit A</u> attached hereto.				
9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.				
OR	9a. ORGANIZATION'S NAME MetLife Insurance Company of Connecticut f/k/a The Travelers Insurance Company, in its capacity as Collateral Agent			
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA				



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Legal Description
Parcel D

Township 19 South, Range 1 East, Shelby County, Alabama

Section 4: The Southeast Quarter of the Southeast Quarter (SE1/4 of SE1/4).

Section 9: The Entire Section

Section 16: The Entire Section.