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_ ](	CC FINANCING STATE	MENT AMENDME	ENT				
O	LLOW INSTRUCTIONS (front and NAME & PHONE OF CONTACT AT FILER [op	back) CAREFULLY					
۱. ۱			8) 662-4141				
3. 3	SEND ACKNOWLEDGEMENT TO: (Name an	d Mailing Address) 11467 WAC	HOVIA BANK				
	UCC Direct Services	993641	6				
	P.O. Box 29071	A 1 A 1					
	Glendale, CA 91209-9071						
		FIXTUR	<b>イヒ</b>				
<u></u>				THE ABO		S FOR FILING OFFICE USE	
	INITIAL FINANCING STATEMENT FILE 200216153 04/08/02 CC AL				X to t	s FINANCING STATEMENT be filed [for record] (or record AL ESTATE RECORDS.	ed) in the
		e Financing Statement identified above					
	(X) CONTINUATION: Effectiveness of the continued for the additional period provide	e Financing Statement identified abouted by applicable law.	ve with respect to the	security interest(s) of the Sec	ured Party au	thorizing this Continuation Sta	atement is
	ASSIGNMENT (full or partial): Give		'b and address of	assignee in 7c; and also give	e name of	assignor in item 9.	
<u> </u>	MENDMENT (PARTY INFORMATION):			red Party of record. Check only			<u> </u>
	Also check one of the following three both CHANGE name and/or address: Give cur	xes <u>and</u> provide appropriate information provide appropriate information record name in item 6a or 6b; als	ormation in items (	and/or 7. DELETE name: Give record r		ADD name: Complete item 7	
	name (if name change) in item 7a or 7b a			to be deleted in item 6a or 6b		item 7c; also complete items	7d-7g (if applicable
	6a. ORGANIZATION'S NAME JEFFCARR LLC						
8	6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
	7a. ORGANIZATION'S NAME	ATION:					
R	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
 :. I	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
<u>.</u> . <u>.</u>	SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTIO	N OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
		'Ar abaala ambu ama bay					NONI
	NAME OF SECURED PARTY OF RECO	ed, or give entire restated colla	DMENT (name of a	ssignor, if this is an Assignment and enter name of DE	t). If this is an	.  Amendment authorized by a rizing this Amendment.	
	Describe collateral deleted or add	RD AUTHORIZING THIS AMENI	DMENT (name of a by a Debtor, check h	ssignor, if this is an Assignmentere and enter name of DE	t). If this is an	Amendment authorized by a rizing this Amendment.	Debtor which

Prepared by UCC Direct Services, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

20061228000629570 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 12/28/2006 08:02:32AM FILED/CERT

UC FOI	C FINANCING STATEM LOW INSTRUCTIONS (front a	ENT AMENDMEN nd back) CAREFULLY	TADDENDUM				
11.	NITIAL FINANCING STATEMENT F	ILE # (same as item 1a on Amen	dment form)				
200	0216153 04/08/02 CC AL	. Shelby					
<b>‡</b> 12. №	NAME of PARTY AUTHORIZING THIS A	MENDMENT (same as item 9 on Ame	ndment form)				
•	12a. ORGANIZATION'S NAME Wachovia Bank, National Association SUCCESSOR BY MERGER TO SOUTHTRUST BANK						
,OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
13.	Use this space for additional infor	mation					

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

\_\_ Description: SEE ORIGINAL UCC