20070320000125820 1/1 \$.00 Shelby Cnty Judge of Probate, AL
03/20/2007 09:44:20AM FILED/CERT

JCC FINANCING STATEMENT AM			
OLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]			
CINDY BURDETT 205-868-4845			
B. SEND ACKNOWLEDGMENT TO: (Name and Addres	s)		
FIRST COMMERCIAL BANK 800 SHADES CREEK PARKWAY BIRMINGHAM, AL 35209			
	THE	ABOVE SPACE IS FOR FILING OFFICE	USEONLY
a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEN	MENT AMENDMENT is
# 20060510000219840 SHELBY COU		to be filed [for record] (or REAL ESTATE RECORDS	
TERMINATION: Effectiveness of the Financing Statement.			
3. CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable	ement identified above with respect to security interest(s) to security interest(s) to security interest(s) to	of the Secured Party authorizing this Continuation	
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 Amend		Check only one of these two boxes.	
Also check one of the following three boxes and provide appro		ve record name	em 7a or 7b, and also
CHANGE name and/or address: Give current record name name (if name change) in item 7a or 7b and/or new address.  CURRENT RECORD INFORMATION:	s (if address change) in item 7c. to be deleted in item		ems 7d-7g (if applicable)
6a. ORGANIZATION'S NAME			
STERLING CASTLE CONSTRUCTION	N CO INC		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		· 	
DR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	ORGANIZATION 7f. JURISDICTION OF ORGANIZAT	TION 7g. ORGANIZATIONAL ID #, if	any NON1
3. AMENDMENT (COLLATERAL CHANGE): check only	one box.		
Describe collateral deleted or added, or give entire	restated collateral description, or describe collateral	assigned.	
9. NAME OF SECURED PARTY OF RECORD AUTHOrizing Debtor, or if this is a Temporary of the authorizing Debtor, or if this is a Temporary of the substitution of the subst			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
0. OPTIONAL FILER REFERENCE DATA			
69360302-15 LOT 2C			<u> </u>