

UCC FINANCING STATEMENT AMENDMEN				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
Cathy Padgett: 297-4293				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Commons Domis				
Compass Bank	*			
4958 Valleydale Road Suite 101				
Birmingham, AL 35242				
Diffiningnam, Til 332-72				
	1			
4. INSTITUTE OF A TEMENT OF A	THE ABOVE SPA		R FILING OFFICE USE C	
ia. INITIAL FINANCING STATEMENT FILE # 20050204000058840		to b	e filed [for record] (or recorde	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the S		AL ESTATE RECORDS.	Statement
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	re with respect to security interest(s) of the Secureo	Party author	onzing this Continuation State	entent is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name of	assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Det	otor <u>or</u> Secured Party of record. Check only <u>on</u>	e of these	two boxes.	
Also check one of the following three boxes and provide appropriate information in it				
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	give new DELETE name: Give record name in item 7c. to be deleted in item 6a or 6b.		D name: Complete item 7a o m 7c; also complete items 7d-	
S. CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
Thornton Construction Company, Inc. and Holland Lal	ces, Inc.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR - WON ADDITATION A DE MANAGE	FIRST NAME	MIDDLE NAME SUFFIX		Telleriv
7b. INDIVIDUAL'S LAST NAME	JIVIDUAL S LAST NAME		IVII DOCE INAIVIE	
Z- MAILING ADDDECC	CITY	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS	CITY	SIAIE	POSTAL CODE	COOMIKI
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7a, ORG	ANIZATIONAL ID #, if any	
ORGANIZATION	71. JUNISDICTION OF CHURNING	yg. Oko	ANGLANIONAL ID #, II dily	
DEBTOR				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				
Describe collateral deleted or added, or give entire restated collatera	al description, or describe collateralassigned.			
Partial Release: Lot 97, according to the Final Plat of Hol	land Lakes Sector 1 as recorded in	Man B	ook 34 Page 85 in t	he Probate
Office of Shelby County, Alabama; being situated in Shel		wap D	ook 54, rage 05, m	ne i rooute
Office of blicity County, Madaina, being situated in blici	oy County, Madama.			
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NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	·			a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name of DEB		nzing inis Amenameni.	
9a. ORGANIZATION'S NAME Compage Donk				
Compass Bank	EIDST NAME	MIDDLE	NAME	ISUFFIX
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	INIIDOLE	TACMATC	JOURNA
10. OPTIONAL FILER REFERENCE DATA				