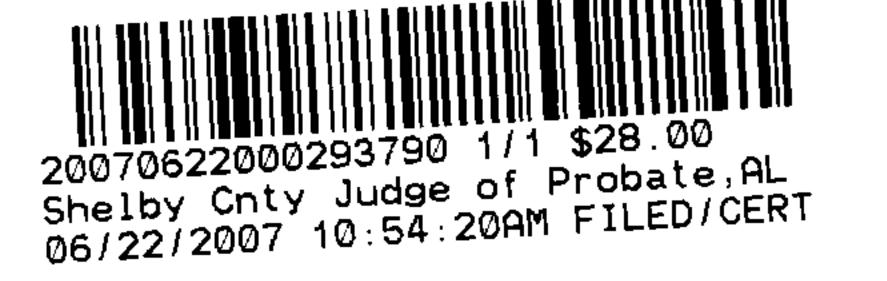
 200706
200706 Shelby 06/22/



UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Michele Smith (205) 803-5884			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
CapitalSouth Bank f/k/a		•	
Bank of Alabama			
P. O. Box 59587		•	
Birmingham, AL 35209	<u>.</u>		
	THE ABOVE O	DACE IS FOR EU INO OFFICE	EUSE ONLY
1a, INITIAL FINANCING STATEMENT FILE #	I HE ABOVE S	1b. This FINANCING STATE	
20021205000607510		to be filed [for record] (c	or recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the	REAL ESTATE RECOR	·
3. CONTINUATION: Effectiveness of the Financing Statement identified abo continued for the additional period provided by applicable law.			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De			
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i	<del></del>		
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)	o give new DELETE name: Give record not be in item 7c.    DELETE name: Give record not be deleted in item 6a or 6b.		item 7a or 7b, and also items 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:			Retrie Fair g (iii applicable)
6a. ORGANIZATION'S NAME		, ,, — — — — — — — — — — — — — — — — —	**************************************
Redwood Development Company, Inc.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	· · · · · · · · · · · · · · · · · · ·		
7a. ORGANIZATION'S NAME			
OR	Telegative		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7- 1444 N.O. 40000000			
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	if ony
ORGANIZATION	71. SURISDICTION OF ORGANIZATION	rg. ORGANIZATIONAL ID #,	папу
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE); check only one box.			
Describe collateral deleted or added, or give entire restated collater	al description, or describe collateralassigne	od.	
Continuation			
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI	ENDMENT (name of accioner if this is an Accion		
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name of D	ment). If this is an Amendment autr EBTOR authorizing this Amendme	norized by a Debtor Which
9a. ORGANIZATION'S NAME			
CapitalSouth Bank f/k/a Bank of Alabam	а		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
0.OPTIONAL FILER REFERENCE DATA		· · · · · · · · · · · · · · · · · · ·	<u> </u>
60764-Shelby County Judge of Probate			