

UCC FINANCING STATEMENT AMENDME	NT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
CINDY BURDETT 205-8684845			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
FIRST COMMERCIAL BANK 800 SHADES CREEK PARKWAY BIRMINGHAM, AL 35209			
	THE ABOVE	1b. This FINANCING STATEN	<u> </u>
# 20060804000377380 SHELBY COUNTY		to be filed [for record] (or REAL ESTATE RECORD)	recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of		· · · · · · · · · · · · · · · · · · ·
3. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	bove with respect to security interest(s) of the Se	cured Party authorizing this Continuation	n Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	id address of assignee in item 7c; and also give na	me of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	•	only <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; a			em 7a or 7b, and also
CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change). 6. CURRENT RECORD INFORMATION:	ge) in item 7c. to be deleted in item 6a or 6	item 7c; also complete ite	ems 7d-7g (if applicable).
6a. ORGANIZATION'S NAME			<u> </u>
ROLLAMARK HOMES LLC 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CO. 114DIVIDONE O CMOT INNIUM.			
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
			CCU INSTITUTE
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	any
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collateral	teral description, or describe collateral assignment	gned.	
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authoriz 	MENDMENT (name of assignor, if this is an Assign by a Debtor, check here \textbf{\textsq} and enter name of the context of the	ignment). If this is an Amendment author DEBTOR authorizing this Amendment	rized by a Debtor which t.
9a. ORGANIZATION'S NAME		-	
FIRST COMMERCIAL BANK		,	
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10, OPTIONAL FILER REFERENCE DATA 69360652-3			