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UCC FINANCING STATEMENT AMENDIN	ЛE NIT					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY						
A. NAME & PHONE OF CONTACT AT FILER [optional] Rhonda Crawford (205) 801-5713	3					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	······································					
Regions Bank d/b/a AmSouth Bar 417 N 20th Street	nk					
Suite 620 Birmingham, Alabama 35203					•	
1a INITIAL FINANCING STATEMENT FILE#		THE ABOVE SP		OR FILING OFFICE		
20050204000058870 (Shelby Count				be filed (for record) (or i	recorded) in the	
2. TERMINATION: Effectiveness of the Financing Statement identified a  3. CONTINUATION: Effectiveness of the Financing Statement identified	above is terminated with respect to	ecurity interest(s) of the	Secured Pa	rty authorizing this Term	ination Statement	
3. CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law.	ed above with respect to security in	nterest(s) of the Secure	d Party auth	orizing this Continuatio	n Slatement is	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	b and address of assignee in item 7	c; and also give name o	f assignor in	item 9.		
6 // (/ L. N.) / (N. N.) T. / (D. N. D.T.) / (N. P. A.	Debtor or Secured Party	of record. Check only o				
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address c	6b; also give new DELETE	name: Give record nam	e [] A[	DD name: Complete iter	m 7a or 7h and alco	
6. CURRENT RECORD INFORMATION:	nange) in item 7c to be del	eted in item 6a or 6b.		m 7c; also complete ite	ms 7d-7g (if applicable	
Shiloh Creek, LLC		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>		
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	ALARAC		
			MIDDLE	NAME	SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME					<u> </u>	
					<del></del>	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX	
7 44411 1440 455555				· · · · · · · · · · · · · · · · · · ·	SOFFIX	
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	N 7f. JURISDICTION OF OR	GANIZATION	75.000	1 1 1 2 A T 1 O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
ORGANIZATION DEBTOR		GANIZATION	/g. ORG	ANIZATIONAL ID#. if a	ny	
B. AMENDMENT (COLLATERAL CHANGE): check only one box.		——————————————————————————————————————			NON	
Describe collateral X deleted or added, or give entire restated co						
Lots9-16, 18-24, 31-36, 53-57, 37 of Shiloh Creek Sector One Plat (	7-52, 62-81, 86 One, as recorded	-115, according Map Bo	ding	to the Fir	nal Plat	
		_		, - age 51,	T11 C11C	
Probate Office off Shelby Country,	Alabama.					
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination author 9a. ORGANIZATION'S NAME	AMENDMENT (name of assignorized by a Debtor, check here	r, if this is an Assignmen nd enter name of DEBT	t). If this is a ΓΟR author	an Amendment authorize zing this Amendment.	ed by a Debtor which	
Regions Bank DBA AmSouth Bank						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAME	SUFFIX	
O OPTIONAL EILER RECEDENCE DATE:						
O OPTIONAL FILER REFERENCE DATA			<del></del>	······································	 	