

		11,21	0/200/ 12:34:13PM	FILED/CERT
UCC FINANCING STATEMENT AMENDME	NT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
PREPARED BY BESSIE JAMES 662-620-3601				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	<del></del>			
	——— <u>i</u>			
BANCORPSOUTH BANK				
PO BOX 4360				
TUPELO MS 38803-4360				
		THE ABOVE SPACE IS	S FOR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE #			This FINANCING STATEME	
#20060830000428400, SHELBY CO, AL, 8/30/06			to be filed [for record] (or re REAL ESTATE RECORDS.	•
2. ✓ TERMINATION: Effectiveness of the Financing Statement identified abov	e is terminated with respect to secu	rity interest(s) of the Secure		
3. CONTINUATION: Effectiveness of the Financing Statement identified a				
continued for the additional period provided by applicable law.	boto titili roopoot to ooodii ily iiitoi	ook(o) or the occurred raity	adinonizing this continuation	Otatement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	nd address of assignee in item 7c; a	ind also give name of assign	or in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects				
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information i				
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)	also give new DELETE name	ne: Give record name	ADD name: Complete item	7a or 7b, and also
6. CURRENT RECORD INFORMATION:	ge) in item /cto be deleted	l in item 6a or 6b.	item 7c; also complete iten	is 70-7g (ir applicable).
6a. ORGANIZATION'S NAME	· <del></del>	<del></del>		
R.E.I. PROPERTIES OF ALABAMA LLC				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MID	DLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	··- ·· · · · · · · · · · · · · · · · ·
7a. ORGANIZATION'S NAME	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del>-</del> <del>-</del> .	<del></del>
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MID	DLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGA	NIZATION 7g. (	DRGANIZATIONAL ID #, if ar	1
ORGANIZATION DEBTOR				·
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			· · · · · · · · · · · · · · · · · · ·	NONE
Describe collateral deleted or added, or give entire restated collateral	eral description, or describe colla	teral Descioned		
	oral accompact, or accompacting	assigned.		
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	SHELBY	0445567BE702UCCTERM CO, AL FILE #2006083000	00400400	
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9. NAME OF SECURED PARTY OF RECOR	D AUTHORIZING THIS AMENDMENT (name of assignor, if this is an this is a Termination authorized by a Debtor, check here and enter name	Assignment). If this is an Amendment authorime of DEBTOR authorizing this Amendment.	zed by a Debtor which
9a. ORGANIZATION'S NAME			<del></del>
BANCORPSOUTH BANK			4.
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
330000445567			