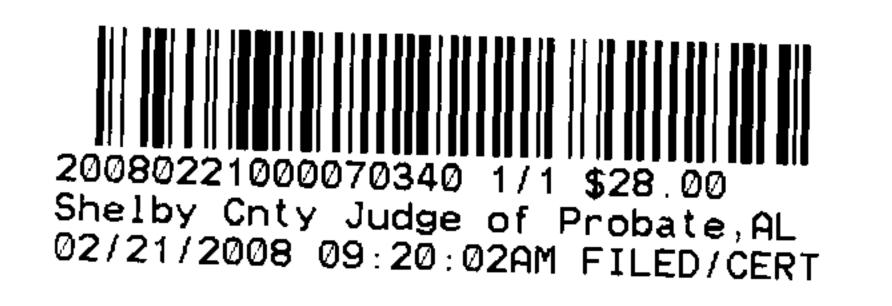
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| UCC FINANCING STATEMENT AMENDMEN  | Ţ  |                                 |   |  |  |
|---|--|---------------------------------|---|--|--|
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY  |  |                                 |   |  |  |
| A. NAME & PHONE OF CONTACT AT FILER [optional]  Cathy Padgett: 297-4293   |  |                                 |   |  |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)   |  |                                 |   |  |  |
|   | <del></del>  |                                 |   |  |  |
| Compass Bank  |  |                                 |   |  |  |
| 4958 Valleydale Road  |  |                                 |   |  |  |
| Suite 101   |  |                                 |   |  |  |
| Birmingham, AL 35242  |  |                                 |   |  |  |
|   |  |                                 |   |  |  |
|   |  |                                 |   |  |  |
|   | THE ABOVE SPA  |                                 | R FILING OFFICE USE   |  |  |
| 1a. INITIAL FINANCING STATEMENT FILE #  |  | 1                               | FINANCING STATEMENT A filed (for record) (or record)        |  |  |
| 20051222000660040   |  |                                 | L ESTATE RECORDS.   | Clatamant                              |  |
| 2. TERMINATION: Effectiveness of the Financing Statement identified above is  |  |                                 |   |  |  |
| <ol> <li>CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.</li> </ol> | e with respect to security interest(s) of the Secured                              | Party autho                     | rizing this Continuation State                              | ement is                               |  |
| 4. 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 i                   | tem 9.  |  |  |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb  | tor or Secured Party of record. Check only one                                     | e of these to                   | wo boxes.   |  |  |
| Also check one of the following three boxes and provide appropriate information in ite  |  |                                 |   |  |  |
| 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. | AD<br>iten                      | D name: Complete item 7a o<br>n 7c; also complete items 7d- | r 7b, and also<br>·7g (if applicable). |  |
| 6. CURRENT RECORD INFORMATION:  |  |                                 |   |  |  |
| 6a. ORGANIZATION'S NAME  Laint Manture II of Arlington Properties. Inc. and Thorn   | ton Ing  |                                 |   |  |  |
| Joint Venture II of Arlington Properties, Inc. and Thorn OR 6b. INDIVIDUAL'S LAST NAME  | FIRST NAME   | IMIDDLE N                       | MIDDLE NAME SUFFIX  |  |  |
| OD. INDIVIDUAL S LAST NAME  | FIRST NAIVIE   |                                 |   | Johns                                  |  |
| 7 OUANOED (NEW) OD ADDED INFORMATION.   |  |                                 |   |  |  |
| 7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME   |  |                                 | ······································                      |  |  |
|   |  |                                 |   |  |  |
| OR 75. INDIVIDUAL'S LAST NAME   | FIRST NAME   | MIDDLE NAME SU                  |   | SUFFIX                                 |  |
|   |  |                                 |   |  |  |
| 7c. MAILING ADDRESS   | CITY   |                                 | STATE POSTAL CODE   |  |  |
|   |  |                                 | <u> </u>  |  |  |
| 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION  | 7f. JURISDICTION OF ORGANIZATION   | 7g. ORGANIZATIONAL ID #, if any |   |  |  |
| DEBTOR  |  |                                 |   | NONE                                   |  |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box.   |  |                                 |   |  |  |
| Describe collateral deleted or added, or give entire restated collateral  | description, or describe collateralassigned.                                       |                                 |   |  |  |
| Partial Release: Lot 9-10, Lakeview at Chelsea Park, acco   | ording to the Man and Survey of Ch   | elcea Da                        | rk Oth Sector as  |  |  |
| recorded in Map Book 37, Page 47, in the  | <del>-</del>   |                                 |   |  |  |
| in Shelby County, Alabama.  | or roome or silvey, a  |                                 | a, come area  |  |  |
|   |  |                                 |   |  |  |
|   |  |                                 |   |  |  |
|   |  |                                 |   |  |  |
|   |  |                                 |   |  |  |
|   |  |                                 |   |  |  |
|   |  |                                 |   |  |  |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME   | NDMENT (name of assignor, if this is an Assignment                                 | t). If this is                  | an Amendment authorized by                                  | a Debtor which                         |  |
| adds collateral or adds the authorizing Debtor, or if this is a Termination authorized b  |  |                                 |   |  |  |
| 9a. ORGANIZATION'S NAME   |  |                                 |   |  |  |
| Compass Bank  |  |                                 |   |  |  |
| 9b. INDIVIDUAL'S LAST NAME  | FIRST NAME   | MIDDLE NAME SUF                 |   | SUFFIX                                 |  |
|   |  |                                 |   |  |  |
| 10. OPTIONAL FILER REFERENCE DATA   |  |                                 |   |  |  |
|   |  |                                 |   |  |  |