

LICC EINANCING STATEMENT AMENDMENT

UCC FINANCING STATEMENT AMENDME	ENT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] Ann Moore			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·		
Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, Al. 35242			
<u></u>	THE ABOV	/E SDACE IS EOD EII ING OFFICE	LICE ONLY
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOV	/E SPACE IS FOR FILING OFFICE 1b. This FINANCING STATE	
20070223000083120		to be filed [for record] (or REAL ESTATE RECORD	recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with respect to security interest(s)		
3. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security interest(s) of the S	Secured Party authorizing this Continuati	ion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give r	name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check	only one of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information		and name. Complete it	7 7b
CHANGE name and/or address: Give current record name in item 6a or 6b name (if name change) in item 7a or 7b and/or new address (if address change)	r; also give new DELETE name: Give reco ange) in item 7c to be deleted in item 6a or		tem 7a or 7b, and also tems 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	, <u></u>		
Stagg Run Development, LLC and Homer C. Dobb	s, Sr.		
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	f any NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·		
Describe collateral deleted or added, or give entire restated col	lateral description, or describe collateral	signed.	
PARTIAL			
Lots 6, 17, 25 & 27 according to the survey of Stagg R Shelby County, Alabama.	tun, as recorded in Map Book 39, j	pages 67 A & B, in the Prob	oate Office of
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination author	AMENDMENT (name of assignor, if this is an Assized by a Debtor, check here and enter name	signment). If this is an Amendment authorizing this Amendmen	orized by a Debtor which
9a. ORGANIZATION'S NAME	and dillo maile	Citaduonzaig una Ameridinen	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		-	
10, OPTIONAL FILER REFERENCE DATA			