

UCC FINANCING FOLLOW INSTRUCTION		ENT AMENDMEN	IT				
A. NAME & PHONE OF C							
CSC Diligenz, In		* '					
B. SEND ACKNOWLED	MENT TO: (Nan	ne and Address)					
33231450			-				
t e	n- Inc		4				
CSC Dilige	•	Norma Cuito 400					
	•	kwy, Suite 400					
Mukilteo, W	IA 90213						
		Filed In: Alabam	าa Shelby				
				THE ABOVE SP	ACE IS FOR FILING OFFICI	E USE ONLY	
a. INITIAL FINANCING STATEMENT FILE # 20060329000146710 03/29/2006					I	EMENT AMENDMENT is	
					to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
2. TERMINATION: E	fectiveness of the Fi	nancing Statement identified above i	is terminated with respect to	security interest(s) of the	Secured Party authorizing this Te	ermination Statement.	
3. CONTINUATION: continued for the addi		Financing Statement identified about the by applicable law.	e with respect to security i	interest(s) of the Secure	d Party authorizing this Continua	tion Statement is	
4. ASSIGNMENT (full	or partial): Give nar	ne of assignee in item 7a or 7b and	address of assignee in item	7c; and also give name o	f assignor in item 9.		
5. AMENDMENT (PART	Y INFORMATION): This Amendment affects De	∌btor <u>or</u> Secured Party	of record. Check only o	one of these two boxes.		
	_	d provide appropriate information in i					
CHANGE name and/or in regards to changing t		to the detailed instructions party.	DELETE name: Give to be deleted in item		ADD name: Complete item also complete items 7e-7g (i	7a or 7b, and also item 7c; if applicable).	
6. CURRENT RECORD IN							
6a. ORGANIZATION'S I							
Westover Development LLC							
66. INDIVIDUAL'S LAS	6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OR A 7a. ORGANIZATION'S I		ION:					
OR 76. INDIVIDUAL'S LAS	Г NAME	"	FIRST NAME		MIDDLE NAME	SUFFIX	
c. MAILING ADDRESS			CITY		STATE POSTAL CODE	COUNTRY	
7d. SEEINSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION		7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID#,	if any	
	ORGANIZATION DEBTOR	· 			NONE		
B. AMENDMENT (COLL/		=): check only one box				INONE	
		or give entire restated collater Westover, Sector 1, as rec					
			- · <u></u>				
		ORD AUTHORIZING THIS AM or if this is a Termination authorized					
9a. ORGANIZATION'S N	<u> </u>		- · · · · · · · · · · · · · · · · · · ·				
ServisFirst Ba	nk						
9b. INDIVIDUAL'S LAST	b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX	
0.0PTIONAL FILER REFER 5200, 5201, 520						33231450	
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