

## UCC FINANCING STATEMENT AMENDMENT

| التكالي التراكي التراكي                                                                                                                                                                                                                                                                                                 |                                                  | (front and back) CAREFULLY ONTACT AT FILER [optional]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · · · · · ·                            |                                         |                  |                                                        |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|------------------|--------------------------------------------------------|-------------------|
| A. N                                                                                                                                                                                                                                                                                                                    | NAME & PHONE OF CO                               | MIACI AT FILER (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                         |                  |                                                        |                   |
| В. S                                                                                                                                                                                                                                                                                                                    | SEND ACKNOWLEDGE                                 | MENT TO: (Name and Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                         |                  |                                                        |                   |
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|                                                                                                                                                                                                                                                                                                                         |                                                  | and some compai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1</b> 1                             |                                         |                  |                                                        |                   |
|                                                                                                                                                                                                                                                                                                                         |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ <b>7</b>                            |                                         |                  |                                                        |                   |
|                                                                                                                                                                                                                                                                                                                         |                                                  | Comment of the Contract of the |                                        |                                         |                  |                                                        |                   |
|                                                                                                                                                                                                                                                                                                                         | , , , , , , , , , , , , , , , , , , ,            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                  |                                                        |                   |
|                                                                                                                                                                                                                                                                                                                         | <u></u>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | THE ABOVE SP                            | ACE IS FO        | R FILING OFFICE USE C                                  | NLY               |
| 1a. I                                                                                                                                                                                                                                                                                                                   | NITIAL FINANCING STAT                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         | L                | FINANCING STATEMENT A                                  |                   |
| 20                                                                                                                                                                                                                                                                                                                      | 030626000402330                                  | Shelby County, AL Date Filed 06/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | /2003                                  | - · · · · · · · · · · · · · · · · · · · | V RE             | e filed [for record] (or recorde<br>AL ESTATE RECORDS. | :u) in the        |
| 2.                                                                                                                                                                                                                                                                                                                      |                                                  | ectiveness of the Financing Statement identified above i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                         |                  |                                                        |                   |
| 3. 🔽                                                                                                                                                                                                                                                                                                                    |                                                  | ffectiveness of the Financing Statement identified about a period provided by applicable law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ove with respect to se                 | curity interest(s) of the Secure        | d Party autho    | orizing this Continuation State                        | ement is          |
| 4.                                                                                                                                                                                                                                                                                                                      | ASSIGNMENT (full o                               | r partial): Give name of assignee in item 7a or 7b and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | address of assignee i                  | n item 7c; and also give name o         | of assignor in   | item 9.                                                |                   |
|                                                                                                                                                                                                                                                                                                                         |                                                  | INFORMATION): This Amendment affects Define three boxes and provide appropriate information in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | d Party of record. Check only g         | one of these     | two boxes.                                             |                   |
|                                                                                                                                                                                                                                                                                                                         | CHANGE name and/or ac                            | ving three boxes <u>and</u> provide appropriate information in ddress: Please refer to the detailed instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DELETE name                            | e: Give record name                     | ☐ ADDr           | name: Complete item 7a or 7b, a                        | ind also item 7c; |
| 6. 0                                                                                                                                                                                                                                                                                                                    | in regards to changing the<br>CURRENT RECORD INF | e name/address of a party.<br>ORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | to be deleted i                        | n item 6a or 6b.                        | alsoc            | omplete items 7e-7g (if applicab                       | le).              |
|                                                                                                                                                                                                                                                                                                                         | 6a. ORGANIZATION'S N                             | AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · ·                                    |                                         |                  | · · · · · · · · · · · · · · · · · · ·                  | •                 |
| OR                                                                                                                                                                                                                                                                                                                      | Robert J Rees - Me                               | eadow Brook Park Birmingham LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · ·   | T                |                                                        |                   |
| OIX                                                                                                                                                                                                                                                                                                                     | 6b. INDIVIDUAL'S LAST                            | NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST NAME                             | FIRSTNAME                               |                  | NAME                                                   | SUFFIX            |
| 7 (                                                                                                                                                                                                                                                                                                                     |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                  |                                                        |                   |
|                                                                                                                                                                                                                                                                                                                         | 7a. ORGANIZATION'S NA                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                  |                                                        |                   |
| ΩĐ                                                                                                                                                                                                                                                                                                                      |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                  |                                                        |                   |
| OR                                                                                                                                                                                                                                                                                                                      | 7b. INDIVIDUAL'S LAST NAME                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST NAME                             | FIRST NAME                              |                  | MIDDLE NAME                                            |                   |
|                                                                                                                                                                                                                                                                                                                         |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                  | TRACTAL CORE                                           | COLUNITOR         |
| /c. 1                                                                                                                                                                                                                                                                                                                   | MAILING ADDRESS                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CITY                                   |                                         | STATE            | POSTAL CODE                                            | COUNTRY           |
| 7d.                                                                                                                                                                                                                                                                                                                     | SEE INSTRUCTIONS                                 | ADD'L INFO RE   7e. TYPE OF ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7f. JURISDICTIO                        | N OF ORGANIZATION                       | 7g. ORG          | ANIZATIONAL 1D #, if any                               |                   |
|                                                                                                                                                                                                                                                                                                                         |                                                  | ORGANIZATION DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | :                                      |                                         |                  |                                                        | NONE              |
| 8. <i>F</i>                                                                                                                                                                                                                                                                                                             | MENDMENT (COLLA                                  | TERAL CHANGE): check only <u>one</u> box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                         |                  |                                                        |                   |
| D                                                                                                                                                                                                                                                                                                                       | escribe collateral del                           | eted or added, or give entire restated collate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ral description, or de                 | escribe collateral assigned             |                  |                                                        |                   |
|                                                                                                                                                                                                                                                                                                                         |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                  |                                                        |                   |
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| Se                                                                                                                                                                                                                                                                                                                      | e exhibit A.                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                  |                                                        |                   |
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| 9 N                                                                                                                                                                                                                                                                                                                     | IAME OF SECURED                                  | PARTY OF RECORD AUTHORIZING THIS AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ENDMENT (name                          | of assignor if this is an Assignm       | nent) If this is | an Amendment authorized by                             | v a Debtor which  |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                  |                                                        | ,                 |
| 9a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                         |                  |                                                        |                   |
| OR                                                                                                                                                                                                                                                                                                                      |                                                  | onal Association, as trustee for the Holde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ······································ | ns Commercial Mortgag                   | <u> </u>         |                                                        | la====            |
| _, ,                                                                                                                                                                                                                                                                                                                    | 9b. INDIVIDUAL'S LAST                            | NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST NAME                             |                                         | MIDDLE           | NAME                                                   | SUFFIX            |

5/9/2/-19/AIM

10. OPTIONAL FILER REFERENCE DATA

Loan 753393

200804100000145870 2/3 \$30.00 Shelby Cnty Judge of Probate, AL 04/10/2008 11:49:21AM FILED/CERT

| UCC FINANCING STATEMENT AMENDMENT ADDENDUM     |                                                                               |            |                           |  |  |  |  |  |
|------------------------------------------------|-------------------------------------------------------------------------------|------------|---------------------------|--|--|--|--|--|
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY |                                                                               |            |                           |  |  |  |  |  |
|                                                | TIAL FINANCING STATEMENT F<br>0626000402330 Shelby Cou                        |            | ndment form)              |  |  |  |  |  |
| 12a<br>L                                       | ME OF PARTY AUTHORIZING  a. ORGANIZATION'S NAME  LaSalle Bank National Associ |            | item 9 on Amendment form) |  |  |  |  |  |
| OR 12t                                         | b. INDIVIDUAL'S LAST NAME                                                     | FIRST NAME | MIDDLE NAME, SUFFIX       |  |  |  |  |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Full Secured Party Name:

13. Use this space for additional information

LaSalle Bank National Association, as trustee for the Holders of Bear Stearns Commercial Mortgage Securities, Inc., Commercial Mortgage Pass-Through Certificates, Series 2003-TOP12

Blegarice

Loan #:

0763393

Customer#:

Principal Real Estate Inv.

0074653

20080410000145870 3/3 \$30.00

20080410000145870 3/3 \$30.00 Shelby Cnty Judge of Probate, AL 04/10/2008 11:49:21AM FILED/CERT

## Parcel 1

Lot 11-G, Meadow Brook Corporate Park South, Phase II, Resurvey No. 8, as recorded in Map Book 25 page 91 A & B in the Office of the Judge of Probate of Shelby County, Alabama; being more particularly described as follows:

Begin at the Southeasterly corner of Lot 11-G, Meadow Brook Corporate Park South, Phase II, Resurvey No. 8 as recorded in Map Book 25 page 91 A & 8 in the Office of the Judge of Probate of Shelby County, Alabama and run North 90 deg. 00 min. West (assumed) a distance of 603.04 feet to the Southwesterly corner of Lot 11-G; thence North 0 deg. 00 min. East a distance of 603.74 feet to a point on the Southeasterly right of way line of Resource Drive; thence North 64 deg. 16 min. 06 sec. East along the Southeasterly right of way line of Resource Drive a distance of 223.21 feet to the P. C. (point of curve) of a curve to the left having a radius of 460.00 feet, a central engle of 28 deg. 27 min. 36 sec. and a chord bearing of North 50 deg. 02 min. 18 sec. East; thence along the arc of said curve and the Southeasterly right of way line of Resource Drive a distance of 228.49 feet to the P. R. C. (point of reverse curve) of a curve to the right having a radius of 25.00 feet, a central angle of 79 deg. 47 min. 55 sec. and a chord bearing of North 75 deg. 42 min. 28 sec. East; thence along the arc of said curve and the Southeasterly right of way line of Resource Drive a distance of 34.82 feet to a point on the Southwesterly right of way line of Corporate Drive, said point being the P. R. C. (point of reverse curve) of a curve to the left having a radius of 362.21 feet, a central angle of 10 deg. 38 min. 30 sec. and a chord bearing of South 69 deg. 42 min. 50 sec. East; thence along the arc of sald curve and the Southwesterly right of way line of Corporate Drive a distance of 67.27 feet to the P. T. (point of tangent) of said curve; thence South 75 deg. 02 min. 05 sec. East tangent to said curve along the Southwesterly right of way line of Corporate Drive a distance of 52.34 feet to a point; thence South 0 deg. 25 min. 10 sec. East a distance of 97.48 feet to a point; thence South 15 deg. 00 min. 40 sec. West a distance of 43.23 feet to a point; thence South 0 deg. 25 min. 10 sec. East a distance of 460.67 feet to a point; thence South 22 deg. 46 min. 40 sec. East a distance of 235.47 feet to the point of beginning; being situated in Shelby County, Alabama.

## Parcel 2

Lot 11-F, according to the Meadow Brook Corporate Park South, Phase II, Resurvey No. 4, as recorded in Map Book 24, Page 42 in the Office of the Judge of Probate of Shelby County, Alabama; being situated in Shelby County, Alabama.

Together with, as to each parcel, rights and easements existing under and by virtue of the Declaration, as follows:

Declaration of Covenants, Conditions and Restrictions for Meadow Brook Corporation Park, (the "Declaration") as set out in Real 64 page 91, along with 1st Amendment recorded in Real 95 page 826, 2nd Amendment recorded in Real 141 page 784. 3rd Amendment recorded in Real 177 page 244, 4th Amendment recorded in Real 243 page 453, 5th Amendment recorded in Real 245 page 89, 6th Amendment recorded as Inst. #1992-23529, 7th Amendment recorded as Inst. 1995-03028, 8th Amendment recorded as Inst. #1995-04188, 9th Amendment recorded as Inst. #1996-32318, 11th Amendment recorded as Inst. #1997-30077, 12th Amendment recorded as Inst. #1997-37856, 13th Amendment recorded as Inst. #1998-5588, 14th Amendment recorded as Inst. #1998-41655, 15th Amendment recorded as Inst. #1998-46243, 16th Amendment recorded as Inst. #1999-2935 and, 17th Amendment, recorded as Inst. #1998-46243, 16th Amendment recorded as Inst. #1999-2935 and, 17th Amendment, recorded as Inst. #1998-46243, 16th Amendment recorded as Inst. #1999-2935 and, 17th Amendment, recorded as Inst. #1998-46243, 16th Amendment recorded as Inst. #1999-2935 and, 17th Amendment, recorded as Inst. #1998-46243, 16th Amendment recorded as Inst. #1999-2935 and, 17th Amendment, recorded as Inst. #1998-46243, 16th Amendment recorded as Inst. #1999-2935 and, 17th Amendment, recorded as Inst. #1998-46243, 16th Amendment recorded as Inst. #1999-2935 and, 17th Amendment, recorded as Inst. #1998-46243, 16th Amendment recorded as Inst. #1999-2935 and, 17th Amendment, recorded as Inst. #1998-46243, 16th Amendment recorded as Inst. #1999-2935 and, 17th Amendment, recorded as Inst. #1999-2935 an