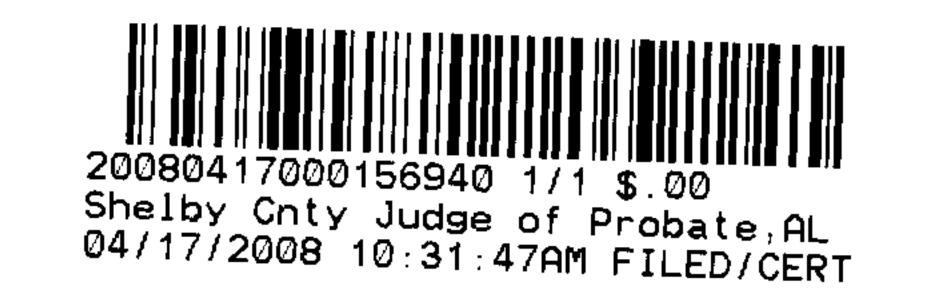
<u> </u>	 	 	
 •			



UCC FINANCING STATEMENT AMENDMEN	JT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] Lynnetta Sunday			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
CapitalSouth Bank			
P. O. Box 59587			
Birmingham, AL 35209			
	THE ABOVE SPA	CE IS FOR FILING OFFICE USE C	ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT A	MENDMENT is
20040416000197540	to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
2. X TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of the	Secured Party authorizing this Termination	Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secured	Party authorizing this Continuation State	ement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name of	assignor in item 9.	
	ebtor or Secured Party of record. Check only or	······································	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in			
CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in item 7a or 7b and/or new address (if address change)	so give new DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a o	r 7b, and also -7g (if applicable).
6. CURRENT RECORD INFORMATION:			rg (ii dipphodibio)i
6a. ORGANIZATION'S NAME			
Joseph & Williams Development, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX	
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<u> </u>
ORGANIZATION (DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	•		
Describe collateral deleted or added, or give entire restated collate	ral description, or describe collateral assigned.		
TERMINATION			
· · · · · · · · · · · · · · · · · · ·			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN		•	a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize	by a Debtor, check here and enter name of DED	OR authorizing this Amendment.	
9a. ORGANIZATION'S NAME CanitalSouth Rank f/k/a Rank of Alaham	a		
CapitalSouth Bank f/k/a Bank of Alabam	FIRST NAME	MIDDLE NAME	SUFFIX
OD. HADIAIDONE O ENOT IANIAIL			
10. OPTIONAL FILER REFERENCE DATA Loan Number 63264 JOP-SHELBY CNTY	•		