UCC FINANCING STATEMENT AMENDMENT

20080424000167570 1/2 \$.00 Shelby Cnty Judge of Probate, AL 04/24/2008 10:34:15AM FILED/CERT

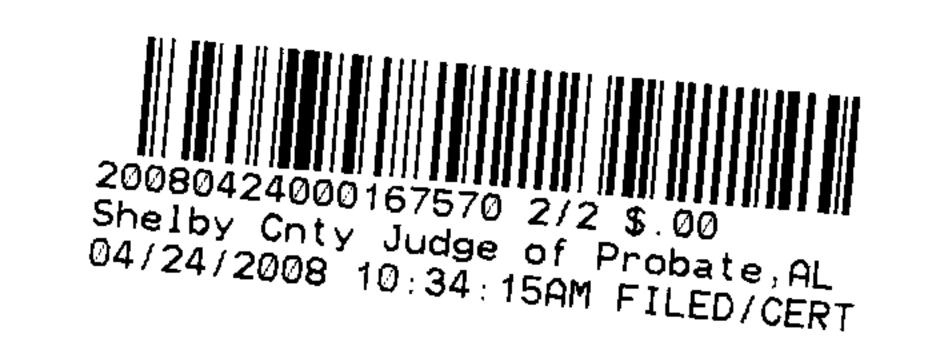
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
Commercial Loan Services	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Wachovia Bank, N.A. Collateral Servicing Department NC6 P.O. Box 2705 Winston Salem, NC 27199	
	AL, Shelby

Commercial Loan Services			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Wachovia Bank, N.A.			
Collateral Servicing Department NC6	1		
P.O. Box 2705			
Winston Salem, NC 27199			
	AL, Shelby		
<u></u>		SPACE IS FOR FILING OFFICE L	JSE ONLY
a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM	
20060403000151370	4/3/2006	to be filed [for record] (or re REAL ESTATE RECORDS	·
X TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of	f the Secured Party authorizing this Termi	ination Statement.
CONTINUATION: Effectiveness of the Financing Statement identified abortional continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Sec	cured Party authorizing this Continuation	n Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give nar	me of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects Def	btor or Secured Party of record. Check or	nly one of these two boxes.	
Also check one of the following three boxes and provide appropriate information in it			
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	o give new DELETE name: Give record to be deleted in item 6a or 6l	name DADD name: Complete iter b. Litem 7c; also complete iter	n 7a or 7b, and also
CURRENT RECORD INFORMATION:	, in nom yo.	o	no ra rg (n apphoasio).
6a. ORGANIZATION'S NAME GRAY PROPERTY 7120.LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
: MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	ıny
ORGANIZATION ' DEBTOR			NONE
. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collater	al description, or describe collateral assig	ned.	
			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized			zed by a Debtor which
		DEDICIT admonzing this Amendment.	
9a. ORGANIZATION'S NAME Wachovia Bank, National Associa	auon		
R 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
SO, HADIAIDOVE S EVOT IAVIAE	TO THANK	TANDULL IANIE	JOHN
10. OPTIONAL FILER REFERENCE DATA 26114014000 30166177 Debtor name: GRAY PROP		10592587	

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

UU	C FINANCING STATE	IAICIA I MIAITTA MAIN	
FOL	LOW INSTRUCTIONS (front and ba	ack) CAREFULLY	
	NITIAL FINANCING STATEMENT 060403000151370	FILE # (same as item 1a on Ame	endment form)
12.	NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME Wachovia Bank, National A	· · · · · · · · · · · · · · · · · · ·	item 9 on Amendment form)
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: SEE EXHIBIT A

Debtor Information:

13. Use this space for additional information

Name: GRAY PROPERTY 7120.LLC

Address: 5004 MONUMENT AVE, SUITE 200, RICHMOND, VA 23230

Tax ID:

Org. Type: LLC

Org. Jurisdiction: VA

Org. ID: