

A. NAME & PHONE OF CONTACT AT FILER [optional]			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
REGIONS BANK 417 N 20TH STREET SUITE 620 BIRMINGHAM, AL. 35126			
	THE	ABOVE SPACE IS FOR FILING OFFICE	
a. INITIAL FINANCING STATEMENT FILE # 20070731000356250		1b. This FINANCING STATEN to be filed [for record] (or REAL ESTATE RECORDS	recorded) in the
. TERMINATION: Effectiveness of the Financing Statement id	dentified above is terminated with respect to security into	erest(s) of the Secured Party authorizing this Terr	mination Statement.
. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.		of the Secured Party authorizing this Continuation	on Statement is
ASSIGNMENT (full or partial): Give name of assignee in iter		o give name of assignor in item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment	· · · · · · · · · · · · · · · · · · ·		
Also check one of the following three boxes and provide appropriate			
CHANGE name and/or address: Give current record name in ite name (if name change) in item 7a or 7b and/or new address (if a	em 6a or 6b; also give new address change) in item 7c. DELETE name: Gi		em 7a or 7b, and also ems 7d-7g (if applicabl
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME DIDGE TRACE LIC			
RIDGE TRACE, LLC R 66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
TOD. INDIVIDUAL S EAST NAME	T RXOT RAWL	WILDEL IVIIIL	30/11/
	i e e e e e e e e e e e e e e e e e e e		
CHANCED (NEW) OR ADDED INCORMATION:			
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7a. ORGANIZATION'S NAME			
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CITY	STATE POSTAL CODE	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	CITY ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one be	CITY ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE TION 7g. ORGANIZATIONAL ID #, if	COUNTRY
Ta. ORGANIZATION'S NAME Tb. INDIVIDUAL'S LAST NAME ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one be Describe collateral deleted or added, or give entire or Collateral Organization of the above Describe Office of Shelby County, Alabama. LESS AND EXCEPT that portion of the above	ANIZATION 7f. JURISDICTION OF ORGANIZATION. restated collateral description, or describe collateral Lots 21, 22 and 23, Quail Ridge, as a said lots previously known as Lots 2	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if assigned. recorded in Map Book 39, Page 1 22 and 23, according to the Surve	any NO
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