



UCC FINANCING STATEMENT AMENDMEN	T		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Regions Bank Attn: Kathy Neeley P. O. Box 216 Pelham, AL 35124			
	THE ABOVE SP	ACE IS FOR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE #		46 This CINIANCING STATEMEN	IT AMENIDMENT is
20060719000348090 Shelby County Judge of Probate		to be filed [for record] (or record) REAL ESTATE RECORDS.	
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified above is</li> <li>CONTINUATION: Effectiveness of the Financing Statement identified above</li> </ol>			
continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Decure	u raity authorizing this continuation c	7.2.C.7.C.1.C.1.C.1.C.1.C.1.C.1.C.1.C.1.C.1
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name of	of assignor in item 9.	
`	btor or Secured Party of record. Check only of	one of these two boxes.	
Also check one of the following three boxes and provide appropriate information in its 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)		ne ADD name: Complete item 7	7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change)  6. CURRENT RECORD INFORMATION:	) in item 7cto be deleted in item 6a or 6b.	item 7c; also complete items	7d-7g (ir applicable).
6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OD. INDIVIDUAL S LAST NAME	PIRSTNAIVE		SOLLIX
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
1974 Chandalar Drive	Pelham	AL 35124	USA
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	none
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collater.  Lots 16, 17, 18, 74, 76, 123, 124, 125, 126, 127, 128 and Map Book 38, Page 112, in the Probate Office of Shelby	129, according to the Survey of Em		recorded in
Lots 19, 20, 25, 27 and 28, according to the Survey of Em Probate Office of Shelby County, Alabama.	nerald Ridge, Sector III, as recorded	l in Map Book 39, page 35	, in the
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ENDMENT (name of assignor, if this is an Assignm	ent). If this is an Amendment authorize	d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized  9a. ORGANIZATION'S NAME			
Regions Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			