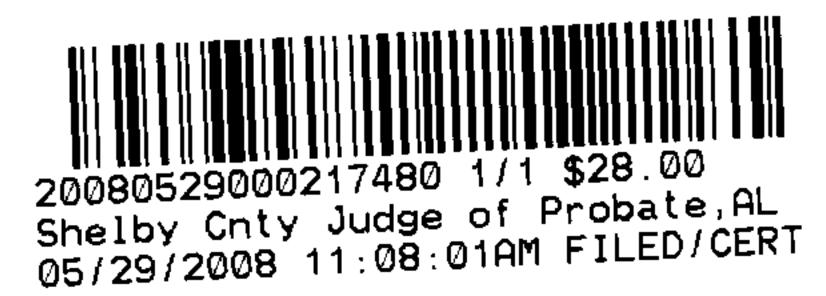
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		Ø	5129120		
UCC FINANCING STATEMENT AMENDME	NT				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional]					
CSC Diligenz, Inc. 1-800-858-5294					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
34507482					
CSC Diligenz, Inc.					
6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275					
Widnited, VVA 90275					
Filed In: Alaba					
	<u></u> j	THE ABOVE SPA	ACE IS FO	R FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE # 20060126000043690 01/26/2006				s FINANCING STATEME	
	to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
2. TERMINATION: Effectiveness of the Financing Statement identified above			Secured Pa	rty authorizing this Termin	
3. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	bove with respect to se	curity interest(s) of the Secured	Party author	orizing this Continuation S	Statement is
	· 			<u> </u>	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	d address of assignee i	n item 7c; and also give name of	assignor in	item 9.	
	Debtor <u>or</u> Secure	d Party of record. Check only <u>or</u>	<u>ne</u> of these	wo boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Please refer to the detailed instructions					
in regards to changing the name/address of a party.	to be deleted in	e: Give record name n item 6a or 6b.	ADDr alsoc	ame: Complete item 7a or 7 omplete items 7e-7g (if appli	² b, and also item 7c; icable).
6. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME Highwoy 55 L.L.C			· · · · · · · · · · · · · · · · · · ·		
Highway 55, L.L.C. 6b. INDIVIDUAL'S LAST NAME		· · · · · · · · · · · · · · · · · · ·	. <u> </u>		
OD. HADIAIDONE 2 EV21 MAINE	FIRST NAME	FIRST NAME		NAME	SUFFIX
7. 01.145.105.50 (1.151.40) 4.55.50	<u> </u>			·	
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME					
TO THE THE TOTAL OF THE TOTAL O					
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX		
			MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY	······································	STATE	DOSTAL CODE	
			STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	Za ORG	ANIZATIONAL ID#, if any	
ORGANIZATION ' DEBTOR I		TOT CHOMINE THE	rg. Orto	NIZATIONAL ID#, IT any	F
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·				NONE
Describe collateral deleted or added, or give entire restated collate	eral description or do				
Lots 201-216, 251-254 Willow Oaks	eral description, or des	scribe collateralassigned.			
9. NAME OF SECURED PARTY OF RECORD ALITHORIZING THIS AN					· · · · ·
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	/I⊑INDIVI⊏IN I (name of d by a Debtor, check he	assignor, if this is an Assignment re	t). If this is a	an Amendment authorized	by a Debtor which
9a. ORGANIZATION'S NAME		The circle finding of DED1	Or autrior	zing uns Amenament.	
ServisFirst Bank					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE N	AME	ELIEFIV
				, (141 <u>)</u>	SUFFIX
O OPTIONAL FILER REFERENCE DATA				· · · · · · · · · · · · · · · · · · ·	
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