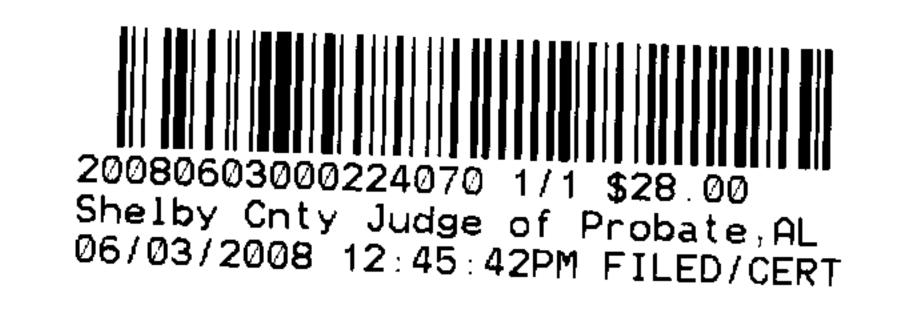
	,	



	C FINANCING STATEMENT AMENDMEN			
	LOW INSTRUCTIONS (front and back) CAREFULLY			
	NAME & PHONE OF CONTACT AT FILER [optional]			
	SC Diligenz, Inc. 1-800-858-5294 SEND ACKNOWLEDGMENT TO: (Name and Address)	· - ··		
D. \				
	34581840			
	CSC Diligenz, Inc.			
	6500 Harbour Heights Pkwy, Suite 400			
	Mukilteo, WA 98275			
	Tiled In. Alebense	Chalby I		
	Filed In: Alabama			
1a. l	NITIAL FINANCING STATEMENT FILE #	I HE ABOVE SPA	1b. This FINANCING STATEMENT	
_	0060126000043690 01/26/2006		to be filed [for record] (or reco	
2.	TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the S	REAL ESTATE RECORDS.  Secured Party authorizing this Terminat	ion Statement
3.	CONTINUATION: Effectiveness of the Financing Statement identified above			
٠.۲	continued for the additional period provided by applicable law.	o with reapeon to security interest(s) or the secured	raity authorizing this continuation of	atement is
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	dress of assignee in item 7c; and also give name of a	assignor in item 9.	
5. <i>f</i>	AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	tor <u>or</u> Secured Party of record. Check only <u>on</u>	e of these two boxes.	
	Also check one of the following three boxes and provide appropriate information in ite	ems 6 and/or 7.		
	CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b also complete items 7e-7g (if applic	
6. (	CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			· <u>····································</u>
	Highway 55, LLC			
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. (	CHANGED (NEW) OR ADDED INFORMATION:	· · · · · · · · · · · · · · · · · · ·		·
	7a. ORGANIZATION'S NAME			
OR				
0,,	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	<u> </u>			
∕c. I	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d 5	SEE INSTRUCTIONS   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	Za ORGANIZATIONAL ID# if any	
۲ <b>u</b> . <u>د</u>	ORGANIZATION	71. JUNISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<b></b>
	DEBTOR			NONE
	MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	<del>1 '                                   </del>		
	escribe collateral deleted or added, or give entire restated collateral	description, or describe collateralassigned.		
Ра	rtial release on Lot 219 Willow Oaks			
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by			by a Debtor which
	9a. ORGANIZATION'S NAME	of Debt.	TOT COUNTY THE MANAGEMENT.	
	ServisFirst Bank			
OR		FIRST NAME	MIDDLE NAME	SUFFIX
	_			
10 C	PTIONAL FILER REFERENCE DATA	<u> </u>		
	5041			34581840