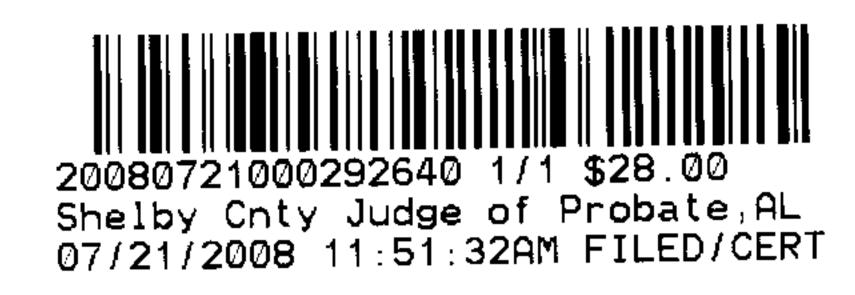
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FOLLOW INSTRUCTION		ENT AMENDME () CAREFULLY	IN I				
A. NAME & PHONE OF							
CSC Diligenz, In	ic. 1-800-8	358-5294					
B. SEND ACKNOWLED	GMENT TO: (Nar	ne and Address)					
35764676							
CSC Dilige	nz Inc		1				
	•	Pkwy, Suite 400					
Mukilteo, V	•	Rwy, Suite 400					
iviaitiitee, v	VA 30273						
			•				
		Filed In: Alaba	ama Shelb <u>y</u>				
					IS FOR FILING OFFIC		
1a. INITIAL FINANCING STA 2006012600004		/2006 0		1±   <b>1</b>	to be filed [for record] ( REAL ESTATE RECOR	or recorded) in the	
2. TERMINATION: E	ffectiveness of the F	inancing Statement identified abo	ove is terminated with respect to secur	rity interest(s) of the Secu			
3. CONTINUATION: continued for the add	Effectiveness of the itional period provide	Financing Statement identified ed by applicable law.	above with respect to security interes	st(s) of the Secured Pari	ty authorizing this Continua	ation Statement is	
4. ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or 7b a	and address of assignee in item 7c; an	d also give name of assi	gnor in item 9.		
5. AMENDMENT (PART	Y INFORMATION	N): This Amendment affects	Debtor <u>or</u> Secured Party of red	cord. Check only <u>one</u> of	these two boxes.		
		nd provide appropriate information					
in regards to changing		rtothe detailed instructions a party.	DELETE name: Give record to be deleted in item 6a or 6		ADD name: Complete item also complete items 7e-7g	7a or 7b, and also item 7c; (if applicable).	
6. CURRENT RECORD IN							
6a. ORGANIZATION'S Highway 55	<u>-</u>						
	Highway 55, L.L.C.  6b. INDIVIDUAL'S LAST NAME			I N.A	IDDLE NAME	<u> </u>	
	OD. INDIVIDUAL S EAST NAME		FIRST NAME	l'Vii	MIDDLE NAME SUFFIX		
7. CHANGED (NEW) OR A	VDDED INEODWY.	TION			······································	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
7a. ORGANIZATION'S		1 ION,			<u> </u>	<del></del> _	
OR 7b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	M	IDDLE NAME	SUFFIX	
7c. MAILING ADDRESS			CITY	s	TATE POSTAL CODE	COUNTRY	
7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGAN	NIZATION 7g	g. ORGANIZATIONAL ID#	if any	
	DEBTOR					NONE	
8. AMENDMENT (COLL	ATERAL CHANG	E): check only <u>one</u> box.		· · · · · · · · · · · · · · · · · · ·			
Describe collateral de	eleted or added	, or give entire restated colla	ateral description, or describe collate	eral assigned.			
Partial release of Lot 2	222 Willow Oak	s					
9. NAME OF SECURED	PARTY OF REC	ORD AUTHORIZING THIS	AMENDMENT (name of assignor, if	this is an Assignment). I	f this is an Amendment aut	norized by a Debtor which	
		or if this is a Termination authoriz	zed by a Debtor, check here and	enter name of DEBTOF	R authorizing this Amendme	ent.	
ServisFirst Ba							
OR			TEIDOTALA	· · · · · · · · · · · · · · · · · · ·		<del></del>	
9b. INDIVIDUAL'S LAST	INMINE		FIRST NAME	MI	DDLE NAME	SUFFIX	
10.OPTIONAL FILER REFER	ENCE DATA		[				
5041						35764676	