| · · · <u>-</u> · · · · | <br> |
|------------------------|------|
|                        | <br> |
|                        |      |
|                        |      |
|                        |      |
|                        | <br> |
|                        | <br> |
|                        |      |
|                        |      |
|                        |      |



| JCC FINANCING STATEMENT AMENDMENT |   |                                       | T  | Shelby Cnty Judge of Flobate, HE<br>08/04/2008 01:30:55PM FILED/CERT |                                       |  |
|-----------------------------------|---|---------------------------------------|--|--|---------------------------------------|--|
|                                   | NS (front and back) CAREFULLY                 | ,                                     |  |  |                                       |  |
|                                   | CONTACT AT FILER [optional]                   |                                       |  |  |                                       |  |
| CSC Diligenz, Ir                  | nc. 1-800-858-5294                            |                                       |  |  |                                       |  |
| B. SEND ACKNOWLED                 | GMENT TO: (Name and Address                   | 5)                                    | · · · · · · · · · · · · · · · · · · ·          |  |                                       |  |
| 26091272                          |   |                                       |  |  |                                       |  |
| 36081373                          |   |                                       |  |  |                                       |  |
| CSC Dilige                        | nz, inc.                                      |                                       |  |  |                                       |  |
| 6500 Harb                         | our Heights Pkwy, Suite                       | <del>2</del> 400                      |  |  |                                       |  |
| Mukilteo, V                       | VA 98275                                      |                                       |  |  |                                       |  |
| ,                                 |   |                                       |  |  |                                       |  |
|                                   |   |                                       |  |  |                                       |  |
|                                   | Filed   | d In: Alabama                         | a Shelby I                                     |  |                                       |  |
| <del> </del>                      |   |                                       | <del></del>                                    | VE SPACE IS FOR FILING   | OFFICE USE ON! Y                      |  |
| a. INITIAL FINANCING STA          |   |                                       |  | · · · · · · · · · · · · · · · · · · ·                                | G STATEMENT AMENDMENT is              |  |
| 2006012600004                     | 3690 1/26/2006 0                              |                                       |  |  | ecord] (or recorded) in the           |  |
| TEDMINIATION                      |   |                                       |  | REAL ESTATE  |                                       |  |
|                                   |   |                                       | terminated with respect to security interest(s | - · · · · · · · · · · · · · · · · · · ·                              |                                       |  |
| . CONTINUATION:                   | Effectiveness of the Financing Stater         | ment identified above                 | e with respect to security interest(s) of the  | Secured Party authorizing this                                       | Continuation Statement is             |  |
|                                   | itional period provided by applicable la      |                                       |  |  |                                       |  |
| . ASSIGNMENT (ful                 | or partial): Give name of assignee in         | item 7a or 7b and ad                  | dress of assignee in item 7c; and also give    | name of assignor in item 9.  |                                       |  |
|                                   | Y INFORMATION): This Amendm                   |                                       | tor <u>or</u> Secured Party of record. Check   |  |                                       |  |
|                                   | owing three boxes <u>and</u> provide appropri | ببا                                   |  | tomy <u>one</u> of those two boxes.                                  |                                       |  |
|                                   | address: Please refer to the detailed instr   |                                       | DELETE name: Give record name                  | ADDname: Comp  | lete item 7a or 7b, and also item 7c; |  |
|                                   | the name/address of a party.                  |                                       | to be deleted in item 6a or 6b.                | also complete item   | s 7e-7g (if applicable).              |  |
| CURRENT RECORD II                 |   | · · · · · · · · · · · · · · · · · · · |  |  |                                       |  |
| 6a. ORGANIZATION'S                |   |                                       |  |  |                                       |  |
| HIGHWAY 55                        |   |                                       |  |  |                                       |  |
| 6b. INDIVIDUAL'S LAS              | TNAME   |                                       | FIRST NAME                                     | MIDDLE NAME  | MIDDLE NAME SUFFIX                    |  |
|                                   |   |                                       |  |  |                                       |  |
| CHANGED (NEW) OR                  | ADDED INFORMATION:                            |                                       |  | <u></u>  |                                       |  |
| 7a. ORGANIZATION'S                |   |                                       | <del></del>                                    | ······································                               |                                       |  |
|                                   |   |                                       |  |  |                                       |  |
| R 76. INDIVIDUAL'S LAS            | T NARAC                                       |                                       |  |  | ·····                                 |  |
| 7 D. INDIVIDUAL O LAS             | I INDINE                                      |                                       | FIRST NAME                                     | MIDDLE NAME  | SUFFIX                                |  |
|                                   |   |                                       |  |  |                                       |  |
| . MAILING ADDRESS                 |   |                                       | CITY   | STATE POSTAL (   | COUNTRY                               |  |
|                                   |   |                                       |  |  |                                       |  |
| SEEINSTRUCTIONS                   | ADD'L INFO RE 7e. TYPE OF OF                  | RGANIZATION                           | 7f. JURISDICTION OF ORGANIZATION               | 7g. ORGANIZATION.  | AL ID #, if any                       |  |
|                                   | ORGANIZATION DEBTOR                           |                                       |  |  |                                       |  |
| AMENIDACNIT (COLL                 |   |                                       |  |  | NONE                                  |  |
|                                   | ATERAL CHANGE): check only <u>on</u>          |                                       |  |  |                                       |  |
| Describe collateral de            | eleted oradded, or give entire                | restated collateral                   | description, or describe collateral ass        | signed.  |                                       |  |
| 'artial release of Lot            | 249, according to the Survey                  | of Willow Oaks,                       | as recorded in Map Book 38, pag                | e 137A, 137B and 137C  |                                       |  |
|                                   | by County, Alabama.                           |                                       |  | ,  | · ·                                   |  |
|                                   |   |                                       |  |  |                                       |  |
|                                   |   |                                       |  |  |                                       |  |
|                                   |   |                                       |  |  |                                       |  |
|                                   |   |                                       |  |  |                                       |  |
|                                   |   |                                       |  |  |                                       |  |
|                                   |   |                                       |  |  |                                       |  |
|                                   |   |                                       |  |  |                                       |  |
|                                   |   |                                       |  |  |                                       |  |
|                                   |   |                                       |  |  |                                       |  |
|                                   |   |                                       |  |  |                                       |  |
| NAME OF SECURED                   | PARTY OF RECORD AUTHOR                        | IZING THIS AME                        | NDMENT (name of assignor, if this is an As     | signment) If this is an Amanda                                       | ant authorizad by a Daletaa which     |  |
| adds collateral or adds the       | authorizing Debtor, or if this is a Term      | nination authorized by                | y a Debtor, check here and enter name          | of DEBTOR authorizing this Ar  | nent authorized by a Debtor Which     |  |
| 9a. ORGANIZATION'S N              | ·····   |                                       | ,  | , - , odinonzing tills Al  |                                       |  |
| ServisFirst Ba                    |   |                                       |  |  |                                       |  |
| 2                                 |   |                                       | · · · · · · · · · · · · · · · · · · ·          |  |                                       |  |
| 9b. INDIVIDUAL'S LAST             | NAME  |                                       | FIRST NAME                                     | MIDDLE NAME  | SUFFIX                                |  |
|                                   |   |                                       |  |  |                                       |  |
| OPTIONAL FILER REFER              | ENCE DATA                                     |                                       | <u> </u>                                       |  |                                       |  |
| 5041                              |   |                                       |  |  | 26004270                              |  |
| · ·                               |   |                                       |  |  | 36081373                              |  |