OLLOW INSTRUCTIONS (front and back) (	JAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 3	31-3282 Fax (81	8) 662-4141				
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing	Address) 15926 COLO	NIAL BANK				
UCC Direct Services	156758	351				
P.O. Box 29071						
Glendale, CA 91209-9071	ALAL					
	FIXTU	RE				
<u> </u>			THE AB	OVE SPACE	IS FOR FILING OFFICE US	E ONLY
a. INITIAL FINANCING STATEMENT FILE # 2.00504280002034E+16 04/28/05 CC AL Shelby			1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party a					Party authorizing this Term	nination Statement
CONTINUATION: Effectiveness of the Financi continued for the additional period provided by apple		ve with respect to the s	security interest(s) of the Sec	ured Party au	thorizing this Continuation S	tatement is
ASSIGNMENT (full or partial): Give name of	assignee in item 7a or 7	h and address of a	ssignee in 7c. and also give	/e name of	assignor in item 0	
AMENDMENT (PARTY INFORMATION): This An			ed Party of record. Check only			
Also check one of the following three boxes and CHANGE name and/or address: Give current record	provide appropriate info		and/or 7. DELETE name: Give record r	ama	ADD name: Complete item	Zo or Zh. ond oloo
name (if name change) in item 7a or 7b and/or new		•	to be deleted in item 6a or 6b		ADD name: Complete item item item 7c; also complete item:	
CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  KFP, INC.	, , , <u>, , , , , , , , , , , , , , , , </u>					· · · · · · · · · · · · · · · · · · ·
R 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	<del>.</del>		······································	<del></del>	••····································	
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	MIDDLE NAME SUF	
:. MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY	<u></u>	OT 4 T E	Tootal cons	
, MIAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
		7f. JURISDICTION	ON OF ORGANIZATION 7g. C		. ORGANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR		<u> </u>				NONE
AMENDMENT (COLLATERAL CHANGE): check Describe collateral deleted or added, or give	<del></del>	aral description or d				
added, or giv	o ontiro restated conat	erai description, or d	lescribe collateral assign	ieu.		
NAME OF SECURED PARTY OF RECORD AUTH	ORIZING THIS AMEND	MENT (name of assig	gnor, if this is an Assignment)	. If this is an	mendment authorized by a	Debtor which
NAME OF SECURED PARTY OF RECORD AUTH adds collateral or adds the authorizing Debtor, or if this is 9a. ORGANIZATION'S NAME	ORIZING THIS AMEND a Termination authorized b	MENT (name of assignment) y a Debtor, check here	gnor, if this is an Assignment) e and enter name of DEE	. If this is an A	Amendment authorized by a ing this Amendment.	Debtor which
adds collateral or adds the authorizing Debtor, or if this is	ORIZING THIS AMEND a Termination authorized b	MENT (name of assignment)	gnor, if this is an Assignment) e and enter name of DEE	. If this is an A	Amendment authorized by a ing this Amendment.	Debtor which

IFIRST NAME |MIDDLE NAME SUFFIX 190' INDIVIDUAL 2 FV21 NAME

10. OPTIONAL FILER REFERENCE DATA

15675851 Debtor Name: KFP, INC. 8043691875 0110

20080915000365160 2/2 \$.00 Shelby Cnty Judge of Probate, AL 09/15/2008 12:36:05PM FILED/CERT

UC FO	C FINANCING STATEME LLOW INSTRUCTIONS (front an	NT AMENDMEN d back) CAREFULLY	IT ADDENDUM
	INITIAL FINANCING STATEMENT FIL		ndment form)
2.0	0504280002034E+16 04/28	/05 CC AL Shelby	
12. 1	NAME of PARTY AUTHORIZING THIS AM	ENDMENT (same as item 9 on Am	endment form)
	12a. ORGANIZATION'S NAME Colonial Bank, NA		· · · · · · · · · · · · · · · · · · ·
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFI
13.	Use this space for additional inform	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

\_ Description: 3591 CAHABA BEACH RD Birmingham, AL 35242

•