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. NAME & PHONE OF CONTACT AT FILER [optional]						
Phone (800) 331-	-3282 Fax (818	3) 662-4141				
S. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Add	iress) 19894 COMP	ASS BANK				
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P.O. Box 29071	ΛΙΛΙ					
Glendale, CA 91209-9071	ALAL		•			
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TERMINATION: Effectiveness of the Financing S	Statement identified above	is terminated with res	pect to security interest(s) of	the Secured	Party authorizing this Termi	nation Statement.
X CONTINUATION: Effectiveness of the Financing Scontinued for the additional period provided by applications.		with respect to the se	curity interest(s) of the Secur	ed Party aut	horizing this Continuation St	atement is
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ASSIGNMENT (full or partial): Give name of ass AMENDMENT (PARTY INFORMATION): This Amen		··	Party of record. Check only	·· ··-	· · · · · · · · · · · · · · · · · · ·	
Also check one of the following three boxes and process: Give current record name (if name change) in item 7a or 7b and/or new add	ovide appropriate informame in item 6a or 6b; also	mation in items 6 a give new	-	me [] /	ADD name: Complete item 7 tem 7c; also complete items	
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME Five Star Properties, L.L.C.						
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SU		SUFFIX
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7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check or	nly o <u>ne</u> box.	7f. JURISDICTION C		STATE 7g. ORGA	POSTAL CODE	COUNTRY
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The Individual's Last Name The Mailing Address The See Instruction Add't info re Organization Debtor AMENDMENT (COLLATERAL CHANGE): check or Describe collateral deleted or added, or give end of the debt of organization NAME of Secured Party of Record Authority Name of Secur	ntire restated collater RIZING THIS AMENDA Termination authorized by	TENT (name of assign a Debtor, check here	scribe collateral assign	STATE 7g. ORGA FOR authoriz	POSTAL CODE NIZATIONAL ID #, if any Amendment authorized by a sing this Amendment.	COUNTRY NONE
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20040322000144050 03/22/04 CC AL Shelby 12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Compass Bank OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX 13. Use this space for additional information

20081009000400110 2/3 \$30.00 Shelby Cnty Judge of Probate, AL 10/09/2008 12:33:50PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: P O BOX 1786

PELHAM

AL 35124-5786

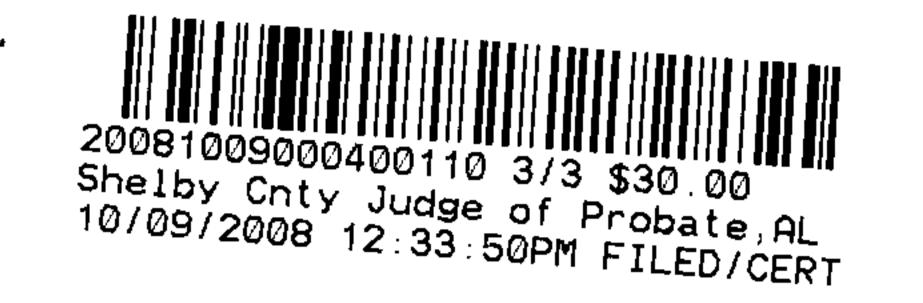


EXHIBIT "A"

Legal Description of Property

Lot 3AD, according to a Resurvey of Lot 3AA of a Resurvey of Lot 3A of a Resurvey of Lots 3, 4, 5 Cambrian Valley Office Park, as recorded in Map Book 28, page 99, in the Probate Office of Shelby County, Alabama.