20081229000476920 1/1 \$28.00	
Shelby Cnty Judge of Probate, AL	_
12/29/2008 03:14:02PM FILED/CER	

OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Kathy Morgan (205)868-4895 B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
The Activity of the Property o			
First Commercial Bank			
P O Box 11746 Birmingham,AL 35202			
Diffingnam, the 55202			
	TH	E ABOVE SPACE IS FOR FILING OFFICE	E USE ONLY
a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATE to be filed [for record] (o	
20040506000239900 JOP Shelby Co AL		REAL ESTATE RECOR	DS.
TERMINATION: Effectiveness of the Financing Statement identification of the Continuous Statement identifications and the Continuous Statement identification identifications and the Continuous Statement identification			
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.	ntified above with respect to security interest(s)	i) of the Secured Party authorizing this Continual	tion Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and al	also give name of assignor in item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affect	cts Debtor or Secured Party of record	d. Check only <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate info			· · · · · · · · · · · · · · · · · · ·
CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address)	a or 6b; also give new DELETE name: 0 ess change) in item 7c to be deleted in ite	P E	item 7a or 7b, and also items 7d-7g (if applicable
CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME]	······································		
2188 Building LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ATION 7f. JURISDICTION OF ORGANIZA	ATION 7g. ORGANIZATIONAL ID #, i	if any
DEBTOR DEBTOR			NON
. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restate	ed collateral description, or describe collateral	l Tassianed	
Describe condicion in deletes of madeed, of give entire mestate	ed conateral description, or describe conateral	assigned.	
continuation 20040506000239900			
NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of assignor, if this	is an Assignment). If this is an Amendment author	orized by a Deblor which
adds collateral or adds the authorizing Debtor, or if this is a Termination			
adds collateral or adds the authorizing Debtor, or if this is a Termination and ORGANIZATION'S NAME			