

UCC FINANCING STATEMENT AME	NDMENT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
CSC Diligenz, Inc. 1-800-858-5294			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
40722999			
CSC Diligenz, Inc.			
6500 Harbour Heights Pkwy, Suite	400		
Mukilteo, WA 98275			
Filed	In: Alabama Shelby		
	<u></u>	E SPACE IS FOR FILING OFFICE U	SE ON! Y
1a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEME	
20060329000146710 03/29/2006		to be filed [for record] (or record). REAL ESTATE RECORDS.	corded) in the
2. TERMINATION: Effectiveness of the Financing Statement	identified above is terminated with respect to security interest(s)		nation Statement.
3. CONTINUATION: Effectiveness of the Financing Statement	ent identified above with respect to security interest(s) of the S		
continued for the additional period provided by applicable lav	W.		
	em 7a or 7b and address of assignee in item 7c; and also give na	ame of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment		only <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate CHANGE name and/or address: Please refer to the detailed instruc			
in regards to changing the name/address of a party.	ctions DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or also complete items 7e-7g (if app	7b, and also item 7c; licable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
Westover Development, L.L.C.			
OR 66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
			SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	GANIZATION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if an	y NONE
3. AMENDMENT (COLLATERAL CHANGE): check only one			INCIAL
Describe collateral Lot letted or letted or letter			bate Office of
NAME OF SECURED PARTY OF RECORD AUTHORIZ	ZING THIS AMENDMENT (name of assignor, if this is an Ass	ignment). If this is an Amendment authorize	d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termir	nation authorized by a Debtor, check here and enter name of	f DEBTOR authorizing this Amendment.	a by a Debior Which
9a. ORGANIZATION'S NAME			·
ServisFirst Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
0.OPTIONAL FILER REFERENCE DATA			
5200,5201,5202			40722999