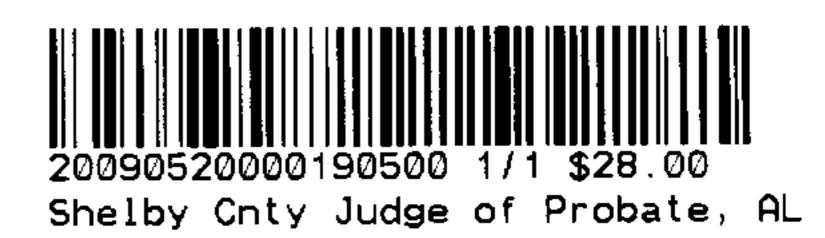
	 <u>,, </u>	 	



05/20/2009 01:22:43 PM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Lisa R. Bell 615-783-0056 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Mortgage Capital Investments, Inc 2104 Sunset Place Nashville, TN 37212 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the 20040714000389180 REAL ESTATE RECORDS. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 3. [7] CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects | Debtor or | Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. ADD name: Complete item 7a or 7b, and also CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. 7 DELETE name: Give record name item 7c; also complete items 7d-7g (if applicable). to be deleted in Item 6a or 6b. 6. CURRENT RECORD INFORMATION: Ba. ORGANIZATION'S NAME Vinson Realty Company, Inc. SUFFIX 6b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME 76. INDIVIDUAL'S LAST NAME COUNTRY STATE POSTAL CODE CITY 7c. MAILING ADDRESS 7g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe colleteral deleted or added, or give entire restated colleteral description, or describe colleteral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Liberty Life Insurance Company MIDDLE NAME SUFFIX FIRST NAME 96. INDIVIDUAL'S LAST NAME 10. OPTIONAL FILER REFERENCE DATA