



UCC FINANCING STATEMENT AMENDMEN			
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)			
42781654			
CSC Diligenz, Inc.			
6500 Harbour Heights Pkwy, Suite 400			
Mukilteo, WA 98275			
Filed In: Alabam	a Shalby		
I lieu III. Alabaili	<del></del>	PACE IS FOR FILING OFFICE USE	ANI V
1a. INITIAL FINANCING STATEMENT FILE#	THEADOVES	1b. This FINANCING STATEMENT	
20070920000441410 09/20/2007		to be filed [for record] (or record REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of th		on Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified abort continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secur	ed Party authorizing this Continuation Sta	tement is
		· <del>-</del> -	·
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Delaboration Delaborate of the following three boxes and provide appropriate information in its	btor <u>or</u> Secured Party of record. Check only	one of these two boxes.	
CHANGE name and/or address: Please refer to the detailed instructions	DELETE name: Give record name	ADD name: Complete item 7a or 7b,	and also item 7c:
in regards to changing the name/address of a party.  6. CURRENT RECORD INFORMATION:	to be deleted in item 6a or 6b.	also complete items 7e-7g (if applica	ble).
6a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	<u>-</u>
Donovan Builders, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	<u>.                                    </u>		
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
7 a. ORGANIZATION S NAIVIE			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		THIS DEL TAXIVIL	JOHEN
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	. <u> </u>
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			•
Describe collateral deleted or added, or give entire restated collatera	l description, or describe collateral assigned	l.	
Partial Release Lot 228, according to the survey of Willow Oaks, a Shelby County, Alabama.	is recorded in Map Book 38, page 137	A, 137B & 137C, in the Probate C	Office of
Cholby County, Alabama.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assignm	ent). If this is an Amendment authorized by	a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized b	y a Debtor, check here and enter name of DE	BTOR authorizing this Amendment.	
9a. ORGANIZATION'S NAME Servisfirst Bank			,
OR 9b. INDIVIDUAL'S LAST NAME	EIDOT NIABAT	A ALFRANCE - A SECTION -	····
	FIRST NAME	MIDDLE NAME	SUFFIX
10.OPTIONAL FILER REFERENCE DATA			