	<u> </u>	

UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

20. One Nineteen Blvd. Id. SEE INSTRUCTIONS ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME ADD'L INFO RE ORGANIZATION STATE ORGANIZATION STATE ORGANIZATION STATE ORGANIZATION DEBTOR 2c. MAILING ADDRESS CITY STATE ORGANIZATIONAL ID #, if any DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME South City Bank OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX SUFFIX SUFFIX			(818) 662-4141				
P.O. Box 29071 Glendale, CA 91209-9071 File with: CC AL Shelby, AL THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1a or 1b) - do not abbreviate or combine names 15. ORGANIZATION'S NAME STV One Nineteen Senior Living, LLC 16. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX 10. SEE INSTRUCTIONS ADDL INFO RE AL ADDL INFO RE ADDL IN	B. SEND ACKNOWLEDGEME	ENT TO: (Name and Add	dress) 20587 RED I	MOUNTAIN B			
P.O. Box 29071 Glendale, CA 91209-9071 ALAL FIXTURE File with: CC AL Shelby, AL THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME insert only one, debtor name (1a or 1b) - do not abbreviate or combine names Ta. ORGANIZATION'S NAME STV One Nineteen Senior Living, LLC 1b. INDIVIDUAL'S LAST NAME CITY Hoover AL 35242 COUNTRY HOOVER CORGANIZATION OF ORGANIZATION OF DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ITHE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING THE ABOVE SPACE IS FOR FILI	CT Lien Solu	itions	193058	 888			
Glendale, CA 91209-9071 ALAL FIXTURE File with: CC AL Shelby, AL THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (1a or 1b) - do not abbreviate or combine names [1a ORGANIZATION'S NAME] STV One Nineteen Senior Living, LLC 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY			10000			•	
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1a or 1b) - do not abbreviate or combine names Tab. ORGANIZATION'S NAME SUFFIX			· ·—- ·—	?E ∥			
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1a or 1b) - do not abbreviate or combine names Ta, ORGANIZATION'S NAME STATOR NAME SUFFIX		File with: C	C AL Shelby, AL	THE A	BOVE SPACE IS FOR F	ILING OFFICE LISE ONL	v
STV One Nineteen Senior Living, LLC 10. INDIVIDUAL'S LAST NAME 11. INDIVIDUAL'S LAST NAME 12. MAILING ADDRESS 13. SECURED PARTY'S NAME SOUTH ON AME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one souther only one only	1. DEBTOR'S EXACT FUL	L LEGAL NAME - ins	ert only o <u>ne</u> debtor name (1			TEING OF FIGE OUE	. •
16. INDIVIDUAL'S LAST NAME	STV One Ninetee		LLC			· · · · · · · · · · · · · · · · · · ·	
20. One Nineteen Blvd. 1d. SEE INSTRUCTIONS ADDL INFO RE ORGANIZATION 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any DEBTOR 2a. ORGANIZATION S NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX 2d. SEE INSTRUCTIONS ADDL INFO RE ORGANIZATION 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION 2g. ORGANI	- ,	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME		•	· · · · · · · · · · · · · · · · · · ·	1			COUNTRY
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX CITY STATE POSTAL CODE COUNTRY ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one_ secured party name (3a or 3b) SouthCity Bank 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE SUFFIX SUFFIX CITY Birmingham CITY Birmingham STATE POSTAL CODE COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY CITY Birmingham AL STATE POSTAL CODE COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY CITY Birmingham CITY Birmingham CITY Birmingham COUNTRY C	1d. SEE INSTRUCTIONS	ORGANIZATION			ΓΙΟΝ 1g. ORG	GANIZATIONAL ID #, if an	· [\forall]
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX CITY STATE POSTAL CODE COUNTRY 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME SouthCity Bank 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX SUFFIX CITY Birmingham STATE POSTAL CODE COUNTRY USA	2. ADDITIONAL DEBTOR'S	S EXACT FULL LEG/	AL NAME - insert only one d	lebtor name (2a or 2b) - do not abb	previate or combine na	ames	
2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX							· · · · · · · · · · · · · · · · · · ·
2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 2d. SEE INSTRUCTIONS ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME SOuthCity Bank 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX SUFFIX CITY Birmingham STATE POSTAL CODE COUNTRY USA							
2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME South City Bank 3b. INDIVIDUAL'S LAST NAME TITY TOSTAL CODE ADD'L INFO RE ORGANIZATION 2g. ORGANIZATION 2g. ORGANIZATIONAL ID #, if any In the secured party name (3a or 3b) FIRST NAME FIRST NAME MIDDLE NAME SUFFIX 3c. MAILING ADDRESS 905 Montgomery Highway CITY Birmingham AL STATE POSTAL CODE JOUNTRY USA		NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME SouthCity Bank OR 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS 905 Montgomery Highway STATE POSTAL CODE COUNTRY USA	I 2c. MAILING ADDRESS	 	······································	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only onesecured party name (3a or 3b) 3a. ORGANIZATION'S NAME SouthCity Bank DR 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS 905 Montgomery Highway CITY Birmingham CITY Birmingham SUFFIX COUNTRY USA	2d. SEE INSTRUCTIONS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZAT	TION 2g. ORG	SANIZATIONAL ID #, if an	,
3a. ORGANIZATION'S NAME SouthCity Bank OR 3b. INDIVIDUAL'S LAST NAME SUFFIX CITY 905 Montgomery Highway SUFFIX CITY Birmingham CITY Birmingham CITY Birmingham STATE AL AL AL AL STATE		l t				<u></u>	
36. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 3c. MAILING ADDRESS 905 Montgomery Highway FIRST NAME CITY Birmingham MIDDLE NAME SUFFIX COUNTRY LOUIT AL STATE POSTAL CODE AL 35216 COUNTRY USA		DEBTOR	TAL ASSIGNEE of ASSIGNO	R S/P) - insert only one secured	party name (3a or 3b)	;	
905 Montgomery Highway Birmingham Birmingham 31A12 35216 USA	3. SECURED PARTY'S NA 3a. ORGANIZATION'S NA SouthCity Bank	DEBTOR ME (or NAME of TOT	TAL ASSIGNEE of ASSIGNC	R S/P) - insert only one_secured	party name (3a or 3b)	/ 	· <u> </u>
	3. SECURED PARTY'S NA 3a. ORGANIZATION'S NA SouthCity Bank	ME (or NAME of TOT	TAL ASSIGNEE of ASSIGNC				SUFFIX
The first transfer of the following constant.	3. SECURED PARTY'S NA 3a. ORGANIZATION'S NA SouthCity Bank OR 3b. INDIVIDUAL'S LAST N 3c. MAILING ADDRESS	ME (or NAME of TOTAME	TAL ASSIGNEE of ASSIGNC	FIRST NAME CITY	MIDDLE	NAME POSTAL CODE	COUNTRY
THE FOLLOWING FIXTURES ARE AFIXED TO THE PROPERTY:: Foodservice Equipment, consisting of the following: Quantity Description	3. SECURED PARTY'S NA 3a. ORGANIZATION'S NA SouthCity Bank OR 3b. INDIVIDUAL'S LAST N 3c. MAILING ADDRESS 905 Montgomery High	ME (or NAME of TOTAME NAME hway		FIRST NAME CITY	MIDDLE	NAME POSTAL CODE	COUNTRY

CONSIGNEE/CONSIGNOR

JADDITIONAL FEET

lif applicable

1041.001

5. ALTERNATIVE DESIGNATION [if applicable] X LESSEE/LESSOR

8. OPTIONAL FILER REFERENCE DATA

19305888

6. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum

Debtor 1

NON-UCC FILING

Debtor 2

AG. LIEN

All Debtors

SELLER/BUYER

[optional]

BAILEE/BAILOR

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)

452

20090709000264700 2/9 \$42.00

Shelby Cnty Judge of Probate, AL 07/09/2009 02:11:00 PM FILED/CERT

FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME MIDDLE NAME, SUFFIX FIRST NAME 96. INDIVIDUAL'S LAST NAME 10. MISCELLANEOUS 19305888-AL-117 20587 RED MOUNTAIN B 1041.001 File with: CC AL Shelby, AL 452 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a. ORGANIZATION'S NAME OR MIDDLE NAME SUFFIX **FIRST NAME** 11b. INDIVIDUAL'S LAST NAME POSTAL CODE COUNTRY CITY STATE 11c. MAILING ADDRESS 11g. ORGANIZATIONAL ID #, if any 11e. TYPE OF ORGANIZATION ADD'L INFO RE 11f. JURISDICTION OF ORGANIZATION 11d. SEE INSTRUCTION ORGANIZATION NONE DEBTOR |X| ASSIGNOR S/P's NAME - insert only one name (12a or 12b) ADDITIONAL SECURED PARTY'S or 12a. ORGANIZATION'S NAME Red Mountain Bank, N.A. OR MIDDLE NAME SUFFIX FIRST NAME 12b. INDIVIDUAL'S LAST NAME CITY STATE POSTAL CODE COUNTRY 12c. MAILING ADDRESS Birmingham 35238 AL P.O. Box 381748 16. Additional collateral description: 13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral or is filed as a w/Sink Stopper 1 ea GAYL EXHAUST HOOD, Gaylord Industies fixture filing. Model #XG-GFBD-BDL-60, Size 5'-9" Built In 1 ea GAYL AIR PLENUM BOX, PBW-22 Make-Up Air Plenum Box, Size: 15'-9" Built 14. Description of real estate: In 1 ea ATCF CEILING PANELS, Atlanta Custom FAB 20 ga. S/S Description: Lot 1-B according to St. Vincent's Hospital Ceiling Panels 1 ea FIRE CONTROL, Firemaster Fire System 1 ea Highway No. 119 Survey as recorded in Map Book 39, GRON CONVECTION STEAMER, Groen Model #2-SSB-5EF page 103 in the office of the Judge of Probate of Shelby SmartSteam 100 Convection Steamer, w/(2) 208v/60/3-ph, 12.0kw, County, Alabama. Also known as: A Part of LOT 1. 34.0 amps stnd & (1) Door Hinged Left - stnd 1 ea SOBN GREYSTONE -3RD SECTOR as recorded in Map Book 14, CONVECTION OVEN, Southbend Model #SLEB/20SC SilverStar Page 79 in the office of the Judge of Probate of Shelby Convection Oven, w/(1) 208/60/3-ph, std., (1) S/S Rear Jacket 1 ea County, Alabama and situated in the NW 1/4 and the NE TRUE REACH IN REFRIG FREEZER, True Food Service Equipment 1/4 of Section 32, Township 18 South, Range 1 West Inc. Model #T-23DT Refrigerator/Freezer, Reach-In w/(1) Shelby County, Alabama and being more particularly Self-Contacted Refrigeration std., (1) Doors Hinged Left, (1) Additional described as follows: Begin at the Southeasterly Corner of White Wire Shelf, (1) 4" Swivel Castors, std. 1 ea FRYM SPLIT POT FRYER, Frymaster Model #RE14-2-SC Fryer, Dual Dep w/(1) LOT 1. GREYSTONE -3RD SECTOR as recorded in Map Book 14, Page 79 in the office of the Judge of Probate of 208v/1-ph, (1) Footprint Filters (without Spreader), (1) FPP-2 Foodprint PRO Model FP Filtration System, (1) Elec specs, (1) Shelby County, Alabama, said point being on the Northerly right-of-way line of Greystone Way as recorded in Map 803-0170 Filter Paper; box of 100 Sheets, (1) 903-0002 Filter Powder, Book 29, Page 123 in the office of the Judge of Probate of box of 8- 1 oz applications, (2) 806-3071 Cover, Split Pot, Stainless Steel, (1) 823-1885 Top Connecting Strip 1 ea GARL G24-36G, 15. Name and address of a RECORD OWNER of above-described real estate Gas Griddle, Garland 1 ea DRMT 1675KITS48, Hose Kit, Dormont (if Debtor does not have a record interest): 17. Check only if applicable and check only one box. Trustee acting with respect to property held in trust Decedent's Estate 18. Check only if applicable and check only one box. Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction -- effective 30 years

FOLLOW INSTRUCTIONS (front and back) CA			0110	912000			
9. NAME OF FIRST DEBTOR (1a or 1b) ON F		1ENT					
9a. ORGANIZATION'S NAME							
OR. 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX					
10: MISCELLANEOUS							
19305888-AL-117	•						
					- -		
	-				•		
20587 RED MOUNTAIN B							
File with: CC AL Shelby, AL 452	1041	.001	THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY	
11. ADDITIONAL DEBTOR'S EXACT FULL LE	EGAL NAME - insert only one_n	name (11a or 11b) - do not a	abbreviate or combine	e names		·····	
11a. ORGANIZATION'S NAME							
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFF	łX
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUN	NTRY
11d. <u>SEE INSTRUCTION</u> ADD'L INFO RE 1 ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORG	SANIZATION	11g. OR	SANIZATIONAL ID #, if	any	NONE
		<u></u>					NONE
12. ADDITIONAL SECURED PARTY'S 12a. ORGANIZATION'S NAME	or ASSIGNOR S/P's NA	AME - insert only one name	e (12a or 12b)		<u> </u>		
OR							
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	· · - · - · · · · · · · · · · ·	MIDDLE	NAME	SUFFI	IX
12c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUN	ITRY
13. This FINANCING STATEMENT covers timb	er to be cut or as-extracted	16. Additional collateral desc	ription:	<u> </u>			
collateral or is filed as a fixture filing.			JIPMENT STAN		and/US Range	Model	
14. Description of real estate:		#SCG-72SS Gridd CHARBROILER, C	•		1 ea GARL el #GD-36RB De	esianer	
Shelby County, Alabama, and run in	a Northeasterly	Series Charbroiler	, Natural Gas 1	ea D	RMT GAS KIT,	Dormor	nt Mfa
direction along the Southeasterly lin	e of said Lot 1 a	Model #1675KITS4 ea SOBN HEAV	'Y DUTY RANGI	E, Soutl	hbend Model #F	236D-BE	3B
distance of 569.13 feet to a point; the eft in a Northeasterly direction along		Platinum Heavy Do Open Burners w/(1	uty Range, Natu D5" Flue Riser <	ral Gas	, 36" w/(6) 33,0(1167782 1" Ga	00 BTU	uro
of said Lot 1 and it's prolongation a coordinate of the letter of the second point; thence 76004'A7" to the letter of the letter	distance of 424.81 feet	Regulator, (1) PRS	324-36 Platinum	Backgu	uard/Flue Riser	w/Single	9
direction a distance of 352.05 feet to	a point; thence	High Shelf 1 ea #16100KITS48 Sa				Kit 1 ea	à
58'0429" to the left in a Southwester of 72.43 feet to a point on a curve to	•	HATL EXHAUST F	100D, Gaylord	Industri	es Model		
adius of 655.00 feet and a central a	ingle of 47o12'36";	#XG-GFBD-BDL-6 BOX, PWB-22 Mal	ke-Up Air Plenur	n Box, s	i ea GAYL Ai Size 13'-6" Built	In 1 ea	NUM B
thence 78o56'03" to the left (angle no Southeasterly, Southerly and Southerly		ea GRON KETT	NELS, Atlanta (Custom	20 ga. S/S Ceil.	ing Pan	els 1
along the arc of said curve a distanc	e of 539.70 feet to the	Elect. w/(1)240v/6(0/3-ph, 14.4kw, 3	35.0 am	ps, (1) TS/9-12	4700	•
P.T. (Point of Tangent) of said curve curve in a Southwesterly direction a		Support Stand, (1)	019652 Faucet, HIN REFRIGER	, Double	e ⊞antry w/Swin	g Spout	1
 Name and address of a RECORD OWNER of above (if Debtor does not have a record interest): 		Equipment Inc. Mo w/(1)Self-Containe	del #T-23-2 Ref	rigerato	r, Reach-In		., (1)
	÷.	17. Check only if applicable ar	nd check only one box		.· 		
	•		rustee acting with respe	ect to prope	rty held in trust or	Deceder	nt's Estate
	· · ·	18. Check only if applicable ar	nd check <u>only</u> one box.		· · · · · · · · · · · · · · · · · · ·		
		Debtor is a TRANSMITTI	NG UTILITY				

Filed in connection with a Manufactured-Home Transaction -- effective 30 years

FINANCING STATEMEN FOLLOW INSTRUCTIONS (front and back)			9	Shelby	9000264700 4/9 S	robate, AL
9. NAME OF FIRST DEBTOR (1a or 1b) O		MENT		0//09/2	009 02:11:00 PM	FILED/CERI
a. ONGANIZATION STATIVIL						
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	-			
10. MISCELLANEOUS	· · · · · · · · · · · · · · · · · · ·					•
19305888-AL-117						
20587 RED MOUNTAIN B		•				
File with: CC AL Shelby, AL 452	1041	1.001	THE ABOVE SP	ACE IS FO	OR FILING OFFICE USE	ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL	_ LEGAL NAME - insert only o <u>ne</u>	name (11a or 11b) - do not a	abbreviate or combine	e names		· · · · · · · · · · · · · · · · · · ·
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S LAST NAME	· · · · · · · · · · · · · · · · · · ·	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
1d. <u>SEE INSTRUCTION</u> ADD'L INFO RE ORGANIZATION DEBTOR		11f. JURISDICTION OF ORG	SANIZATION	11g. OR	RGANIZATIONAL ID #, if	any
2. ADDITIONAL SECURED PARTY's 12a. ORGANIZATION'S NAME	S or ASSIGNOR S/P's N.	AME - insert only <u>one</u> name	e (12a or 12b)			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY	·	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers	timber to be cut or as-extracted	16. Additional collateral desc	ription:			
d. Description of real estate: o a point; thence 90'00'00" to the direction a distance of 25.00 feet 00"00'00o to the left in a Southwe of 70.27 feet to the P.C. (Point of ight having a radius of 517.00 feet 24029'13": thence in a Southwest arc of said curve a distance of 22/20 point of Powerse Curve) of a curve.	to a point; thence sterly direction a distance Curve) of a curve to the et and a central angle of erly direction along the A.95 feet to the P.R.C.	#J1WD14K Epoxy in. Epoxy Coated S #3041 Dipperwell v Atlanta Custom FA	P. Delfield Model ation 1 ea LA Dish Dispenser, oiled Cord w/NE anta Custom FA ACKET, Single Coated 2 ea Shelving 1 ea W/Faucet 1 ea AB Microwave Si	Lineur KE PLA Heated MA L5- B Prep Wall M ABCI M ABCI M ATCF helf 1 6	Left to Right 00 ATE DISPENSE d w/(1) 120V/60/ -15P Plug, std. Table w/Sink 4 Mount Bracket AE WIRE SHELF, J DIPPERWELL, F MICROWAVE ea PANS MIC	00-201T5P51 R, Lakeside 1, 900W, 1 ea ABCI BCI Model 1472K 14x72 Fisher Model SHELF, ROWAVE,
Point of Reverse Curve) of a curval adius of 370.50 feet and a central nence in a Southwesterly direction urve a distance of 151.63 feet to angent) of said curve; thence tark outhwesterly direction a distance on the Northerly right-of-way line of 1"09'24" to the left in a Southeast (if Debtor does not have a record interest):	In angle of 23"26'54"; on along the arc of said the P.T. (Point of name of 72.81 feet to a point of Greystone Way; thence sterly direction along the	Panasonic Model # w/(1)NEMA #5-15F Model #HDW-2 Wa (1) 120V, 1-ph, ME DROP IN HOT WE Drop-In Well Unit, L6-20P, 850w Elen DROP IN COLD W Food Drop-In Unit #CSG-85J Custom	R Plug 1 ea Farming Drawer L NA 5-15P, (2) S LL, Atlas Metal Elect. w/(1) 208 nents, std., (1) E /ELL, Atlas Metal 2 ea ATLS S	JATC V Jnit, Fre Standar Model V, 2.55k M-3 In Mode NEEZE	VARMING DRAV ee Standing w/2 d Drawer Pan 1 #WIHL-3 Slim-Li kw, 12.3 amps, N dividual Drain 2 d #WICL-3 Slim- EGUARD, Atlas I	VER, Hatco Drawers w/ ea ATLS Ine Hot Food VEMA ea ATLS Line Cold
		17. Check only if applicable ar		<u> </u>		· · · · · · · · · · · · · · · · · · ·
		Debtor is a Trust or T 18. Check only if applicable ar	rustee acting with respendently one box.	ect to prope	erty held in trust or	Decedent's Esta
		Debtor is a TRANSMITTII				· •
		Filed in connection with a	Manufactured-Home Tr	ransaction	effective 30 years	

20000	าวดอดดด	264700	5/9	\$42.00

20090709000264700 5/9 \$42.00 Shelby Cnty Judge of Probate, AL 07/09/2009 02:11:00 PM FILED/CERT

FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME OR 9b. INDIVIDUAL'S LAST NAME 10. MISCELLANEOUS 19305888-AL-117

20587	RED	MOUNTAIN B	

File with: CC AL Shelby, AL 452

1041.001

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbreviate or co	mbine names		· · · · · · · · · · · · · · · · · · ·
11a. ORGANIZATION'S NAME				<u> </u>
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTION</u> ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGANIZATION	11g. OR	GANIZATIONAL ID #, if	f any
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's N 12a. ORGANIZATION'S NAME OR	IAME - insert only <u>one</u> name (12a or 12b)			
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
collateral or is filed as a fixture filing. 14. Description of real estate: Northerly right-of-way line of Greystone Way a distance of 207.31 feet to the P.C. (Point of Curve) of a curve to the left having a radius of 410.00 feet and a central angle of 43o51'30"; thence in a Southeasterly, Easterly, and Northeasterly direction along the Northerly right-of-way line of Greystone Way and along the arc of said curve a distance of 313.84 feet to the POINT OF BEGINNING. Together with an easement for ingress and egress as described in that certain Restrictive Covenant and Reciprocal Easement Agreement between Seton Property Corporation of North Alabama and STV One Nineteen Senior Living, LLC, dated December 28, 2007 and recorded in Instrument No. 20071228000583600.	NEMA 6-15P 1 ea ATCF DE Drop In Drip Trough w/Remova	IN FOOD op-Mount und Inset varies CONVIVE CONVIVE GRATE GRATE FOR SHELVI A ea All	WARMER, Well - each w/(1) 215 v/Hinged Lid, (1) EYOR TOASTE ster w/(1) 208v, 3H, Atlanta Cus 1 ea ADVA E AD	s Model 569 120V,) 20385 Drain ER, Hatco 60Hz, 1-ph, tom FAB 3'6" OROP IN I ea HOSH Cube-Style ea HOSH (30 in. Wire ABC! es 10 ea Super IT, Advance BRKL apacity w/(1) oxy Coated
	Debtor is a Trust or Trustee acting with 18. Check only if applicable and check only one Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufactured-Holling Filed in connection with a Public-Finance Tr	respect to prope box. me Transaction	effective 30 years	Decedent's Estate

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FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT ADDENDUM

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR 5b. INDIVIDUAL'S LAST NAME

10. MISCELLANEOUS

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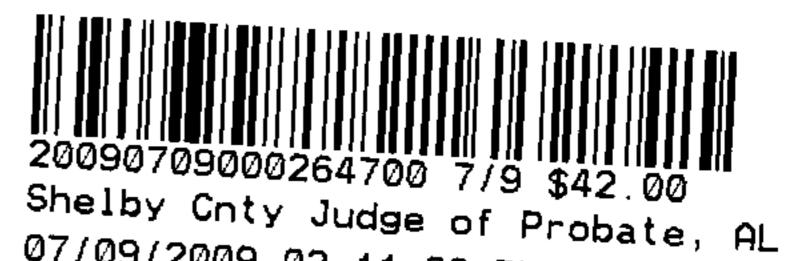
20587 RED MOUNTAIN B

File with: CC AL Shelby, AL 452

1041.001

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbreviate or comb	oine names	;	
11a. ORGANIZATION'S NAME			<u> </u>	· · · · · · · · · · · · · · · · · · ·
OR	· • • • • • • • • • • • • • • • • • • •			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	CITY		T	
TIC. WAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTION ADD'L INFO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11a OR	GANIZATIONAL ID #, if	anv
ORGANIZATION DEBTOR		J. J.	O7 11.27 17 70 147 12 115 17, 11	- [
				NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's N. 12a. ORGANIZATION'S NAME	AME - insert only one name (12a or 12b)	· · · · · · · · · · · · · · · · · · ·	-	
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral description:		. <u>.</u>	· · · · · · · · · · · · · · · · · · ·
collateral or is filed as a fixture filing.	w/Epoxy Coating 2 ea ABCI (CASTERS	S, J5 Caster 2 e	a ABCI
14. Description of real estate:	CASTERS, J5B Caster w/Brake COUNTER, Garland/US Range			
	Charbroiler, Natural Gas 1 ea	DRMT G	SAS KIT, Dormo	nt Mfg Model
	#1675KITS48 Safety System Mo	veable G	as Connector K	it 1 ea
	TABC EQUIPMENT STAND, Ad Equipment Stand w/(1) set of TA	-255 Cas	sters, Heavy Dut	v (set of 4) 1
	ea GARL G24-24G, Gas Gride	dle, Garla	nd 1 ea DRN	ήΤ [*]
	1675KITS48, Hose Kit, Dormont Gaylord Industries Model #XG-G			
	Built In 1 ea GAYL AIR PLEN	UM BOX	, Gaylord Model	#PBW-22
; •	Make-Up Air Plenum Box, Size: 6 SYSTEM, Firemaster Fire System	oʻ-uʻʻ Bulli m. 1 ea	in 1 ea - FIRE TRUF RFACH	: CONTROL IN
	REFRIGERATOR, True Food Se	rvice Equ	uipment Inc. Mod	del #T-23-2
	Refrigerator, Reach-In w/(1) Self Door Hinged Right, std., (2) Addi	Containe	ed Refrigeration,	std., (1)
	Swivel Castors, std. 1 ea TRU	JE FREE.	ZER UNDERCO	ÚŇŤER,
•	True Food Service Equipment In	c. Model	#TUC-27FG Un	dercounter
15. Name and address of a RECORD OWNER of above-described real estate	Freezer w/(1) Self-Contained Refear ADVA DROP IN HAND SIN	IK, Advar	n, std., (1) 5 Ca ice Tabco Mode	stors, sta. 1 el #DI-1-168
(if Debtor does not have a record interest):	Drop-In Sink 1 ea STCN PRE	P SRV R	EFRIGERATOR	, Structural
	17. Check only if applicable and check only one bo			
	Debtor is a Trust or Trustee acting with re-		erty held in trust or	Decedent's Estate
	18. Check only if applicable and check only one bo			
	Debtor is a TRANSMITTING UTILITY		•	
	Filed in connection with a Manufactured-Home	Transaction	effective 30 years	
	Filed in connection with a Public-Finance Trans		· •	



07/09/2009 02:11:00 PM FILED/CERT FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME MIDDLE NAME, SUFFIX FIRST NAME l9b. INDIVIDUAL'S LAST NAME 10. MISCELLANEOUS 19305888-AL-117 20587 RED MOUNTAIN B 1041.001 File with: CC AL Shelby, AL 452 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a. ORGANIZATION'S NAME OR SUFFIX FIRST NAME MIDDLE NAME 11b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 11c. MAILING ADDRESS ADD'L INFO RE 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any 11d. SEE INSTRUCTION ORGANIZATION NONE DEBTOR ASSIGNOR S/P's NAME - insert only one name (12a or 12b) ADDITIONAL SECURED PARTY'S or 12a. ORGANIZATION'S NAME OR MIDDLE NAME SUFFIX 12b. INDIVIDUAL'S LAST NAME FIRST NAME STATE POSTAL CODE COUNTRY CITY 12c. MAILING ADDRESS 13. This FINANCING STATEMENT covers timber to be cut or 16. Additional collateral description: as-extracted fixture filing. collateral or is filed as a Concepts Model #FSP4842R.T1 Fusion Preparation/Self-Serve Air-Screen Refrigerated Case, 51": w/(1)120v/60/1-ph, 22.79 amps, 3/4 hp, NEMA 5-30P, std., (1) Breeze Self-Contained Refrigeration 14. Description of real estate: System w/Straight Blade Power Cord, std., (1) Black Sneeze Guard Post, (1) Fan Motor, std. 1 ea STAR GRILL, Star Mfg Model #CG14 Pro-Max Panini Grill, Electric w/(1) 120v/60/1-ph, 1.8 kw, 15 amps, Cord w/NEMA #5-15P, std. 1 ea AMPR FOOD WARMER, APW Wyott Model #W-3V Food Warmer, Countertop, Electric w/(1) 120v/60/1 ph, 1200w, 10.0 amps, NEMA 5-15P, std. 1 ea ADVE SINK WALL MOUNT, Advance Tabco Model #7-PS-60-2X Hand Sink, Wall Model 10 ea ABCI WIRE SHELVING, 24x30 Inch Wire Shelving w/Epoxy Coating ABCI Model #J2430K 15 ea ABCI WIRE SHELVING, J2448K 24"x48" Epoxy Coated Shelves 5 ea ABCI WIRE SHELVING, J1842K 18"x42" Wire Epoxy Coated Shelves 5 ea ABCI WIRE SHELVING, J2442K 24"x42" Epoxy Coated Shelves 28 ABCI POST, J86K 1 ea MSTB WALKIN COOLER, Master-Bilt 4" Urethane Foam Walk-In per specifications w/(1) Refrigeration 1 ea INTL CUST TEMP SYSTEM -- E-Controls Systems IntelliSense Wireless System 1 ea CRSC CABINET W/RED DOOR, CresCor Model #H-135-WUA-11-R Insulated Holding Cabinet 1 ea 15. Name and address of a RECORD OWNER of above-described real estate. REACH IN REFRIGERATOR, True Food Service Equipment, Inc. (if Debtor does not have a record interest): 17. Check only if applicable and check only one box. Trustee acting with respect to property held in trust Decedent's Estate Trust or 18. Check only if applicable and check only one box. Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufactured-Home Transaction -- effective 30 years

COUNTRY

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STATE POSTAL CODE

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FOLLOW INSTRUCTIONS (from	TEMENT ADDENDU	M			ty Judge of Pro 9 02:11:00 PM F	
	1a or 1b) ON RELATED FINANCING S	TATEMENT				
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9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX				
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11. ADDITIONAL DEBTOR'S E	XACT FULL LEGAL NAME - insert only	y o <u>ne</u> name (11a or 11b) - do not a	abbreviate or combin	e names		
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OR 11b. INDIVIDUAL'S LAST NAM	ле ле	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTI
OF	DD'L INFO RE 11e. TYPE OF ORGANIZAT RGANIZATION EBTOR	ION 11f. JURISDICTION OF ORG	SANIZATION	11g. OR	RGANIZATIONAL ID #, i	f any
12. ADDITIONAL SECUR	ED PARTY'S or ASSIGNOR S	S/P's NAME - insert only one name	e (12a or 12b)			
12a. ORGANIZATION'S NAME		<u> </u>	- (· · ·		
OR		······································	·· ·····	[44551 =	A1AA4=	Tarine
12b. INDIVIDUAL'S LAST NAM	ИE	FIRST NAME		MIDDLE	NAME	SUFFIX

CITY

as-extracted

13. This FINANCING STATEMENT covers collateral or is filed as a fixture filing. Model #T-23-2 Refrigerator, Reach-In w/(1) Self-Contained Refrigeration, std., (1) Door Hinged Right, std., (1) Additional White Wire Shelf, (1) 4" Swivel Castors, std. 1 ea TRUE SINGLE 14. Description of real estate: SECTION REFRI, True Food Service Equipment, Inc. Model #T-23F-2 Freezer, Reach-In w/(1) Self-Contained Refrigeration, std., (1) Door Hinged Right, std., (1) Additional White Wire Shelf, (1) 4" Swivel Castors, std. 1 ea SLVJ DISPOSER, Salvajor Model #200-SA-ARSS-LD Disposer w/Sink/Trough Mount Assembly, 2-HP Motor w/(1) 208v, 60hz, 3 phase, (1) ZZSALMAN2011 3 1/2" Sink Collar w/Sink Stopper 1 ea ATCF WORKTABLE, Atlanta Custom FAB Mobile Work Table 8 ea ABCI WIRE SHELVING, 24"x48" Epoxy Coated Shelves ABCI Model #J2448K 8 ea ABCI POST, J74K 74" Posts w/Epoxy Coating 4 ea ABCI CASTER, J5 Caster 4 ABCI CASTER, J5B Caster w/Brake 1 ea ADVA SINK WALL MOUNT, Advance Tabco Model #7-PS-60-2X, Hand Sink, Wall Model ea HOSH ICE BIN, Hoshizaki Model #B-300PF Ice Bin, Top-Hinged Front-Opening Door 1 ea HOSH ICE MAKER, Hoshizaki Model #F-801MAH-C Ice Maker, Cubelet-Style w/(1) 9320-21H Water Filter Assembly 1 ea ATCF BEVERAGE COUNTER, Atlanta Custom FAB Beverage counter 2 ea

16. Additional collateral description:

17. Check only if applicable and check only one box. Debtor is a Trust or Trustee action with respect to property held in trust

Debtor is a	Trust or	Trustee acting with respect to property held in trust	or	Decedent's Estate
18. Check or	nly if applicabl	e and check <u>only</u> one box.		
Debtor is	s a TRANSMI	TTING LITH ITY		

WIRE SHELVING, 14x72 IN Epoxy Coated Shelving ABCI Model

Filed in connection with a Manufactured-Home Transaction effective 30 years	S
Filed in connection with a Public-Finance Transaction effective 30 years	

timber to be cut or

15. Name and address of a RECORD OWNER of above-described real estate

(if Debtor does not have a record interest):

12c. MAILING ADDRESS

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FOLLOW INSTRUCTIONS (front and ba	20090709000264700 9/9 \$42.00 20090709000264700 9/9 Shelby Cnty Judge of Probate, AL Shelby Cnty Judge of PM FILED/CERT					
9a. ORGANIZATION'S NAME	ON RELATED FINANCING STATE	MENT	Shelby Cnty Judge of Flobata, 07/09/2009 02:11:00 PM FILED/CERT			
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9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
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1d. <u>SEE INSTRUCTION</u> ADD'L INFO ORGANIZAT DEBTOR		11f. JURISDICTION OF ORGA	ANIZATION 11	lg. ORG	SANIZATIONAL ID #, if	any
2. ADDITIONAL SECURED PART	TV'S or ASSIGNOD S/D's N	A 8 4 C	(4.0	<u></u> - 1		
2 ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME	TS OF LIASSIGNURS/PS N	AME - insert only one name	(12a or 12b)			
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collateral or is filed as a fixture filing		Coated 1 ea PA Microwave Oven, 1 EQUIPMENT TABL	.E, Advance Tabc	Pan NEMA o Mod	asonic Model # #5-15R Plug del #TFMS-183	NE-1024 Pro Lea TABC Equipment
	Filler Table 1 ea Dishtable 1 ea N Model #SPHT3-208 UTILITY CART, Lal Base w/(1) Casters	ATMS HOT FOOD Portable Hot Foo ceside Mfg Model	SRV od Tal #810	COUNTER, Each ble, Electric 1 of Utility Cart, 2-9	agle Group ea LAKE Shelf, Open	
	DISHTABLE, Atlant PRE RINSE UNIT, Unit, Wall Mount 1 w/Backsplash & TA	a Custom FAB Cl T&S Brass Model ea TABC KSS-	ean D #B-0 -248 2	Dishtable 1 ea 133-B Easylnst 24x96" Worktab	TSBR all Prerinse le	
		24x60" Worktable w TA11B Sink w/Fauc Hand Sink, Stainles	v/Backsplash, Rai et & Sink Apron, i	sed E	dge on 3 sides 1 ea ADVA	, w/(1) \ 7PS60-2X
5. Name and address of a RECORD OWNER (if Debtor does not have a record interest)	1					
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	-	18. Check only if applicable and Debtor is a TRANSMITTIN				
		Filed in connection with a N		action	effective 30 years	