


UCC FINANCING STATEMENT AMENDMEN	T		· · · •
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Janet C. McClendon (205) 458-5165 B. SEND ACKNOWLEDGMENT TO: (Namo and Address)			
Damon P. Denney, Esq.			
Burr & Forman, LLP			
420 North 20th Street			
Suite 3400			
Birmingham, AL 35203			
			-
1a. INITIAL FINANCING STATEMENT FILE#	THE ABOVE S	1b. This FINANCING STATEMEN	
20051123000611630 File Date: 11/23/2	005	to be filed [for record] (or reco	
2. TERMINATION: Effectiveness of the Financing Statement identified above is			tion Chatamant
CONTINUATION: Effectiveness of the Financing Statement identified above			
continued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secu	ired Party authorizing this Continuation Si	tatement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name	e of assignor in item 9	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects X Det			
Also check one of the following three boxes <u>and</u> provide appropriate information in it		y <u>one</u> of these two boxes.	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party	DELETE name. Give record name	ADDname: Complete item 7a or 7l	b, and also item 7c.
6. CURRENT RECORD INFORMATION:	to be deleted in item 6a or 6b.	also complete items 7e-7g (if applie	:able)
6a. ORGANIZATION'S NAME			
Jenkins Brick Company			
6b. INDIV.DUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>
7a. ORGANIZATION'S NAME			
Jenkins Brick & Tile Company, LLC			
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS 201 North 6th Ctroot	CITY	STATE POSTAL CODE	COUNTRY
201 North 6th Street	Montgomery	AL 36104	
7d SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<u></u>
DEBTOR limited liability company	Alabama		NONE
8. ΛΜΕΝΟΜΕΝΤ (COLLATERAL CHANGE): check only <u>one</u> box.			
Describe collateral deleted or added, or give entire restated collatera	I description, or describe collateralassigne	∤ d .	
		·····	
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by	NDMENT (name of assignor, if this is an Assignative Debtor, check here. [7], and enter name of Di	ment). If this is an Amendment authorized	by a Debtor which
9a. ORGANIZATION'S NAME	y a Debtot, check here and enter hame of Di	-DIOR authorizing this Amendment	
Wachovia Bank, National Association			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	ISUFFIX
		MINDEL NAIVIL	JOUTHA
O OPTIONAL FILER REFERENCE DATA	<u></u>		
Shelby County, Alabama	12953-403		