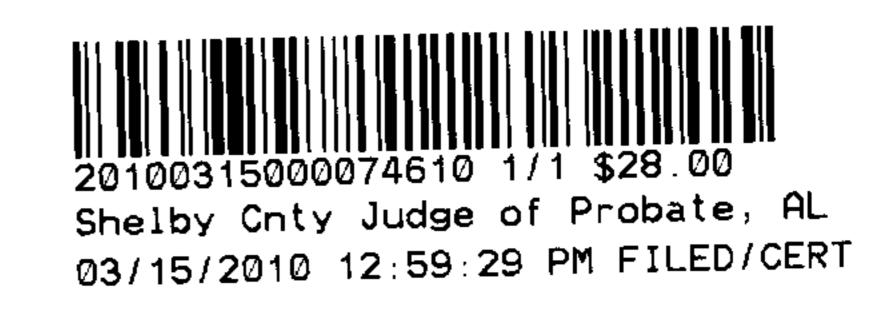
	·		



UCC FINANCING STATEMENT AMENDME	NT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]			
Corporation Service Company 1-800-858-5294			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
48754447 - 358370			
Corporation Service Company			
801 Adlai Stevenson Drive			
Springfield, IL 62703			
Filed In: Alabai		SDACE IS EOD EII ING OFFIC	E LISE ONL V
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE	1b. This FINANCING STATE	
20050722000366970 7/22/2005		to be filed [for record] (continued in the second in the s	or recorded) in the RDS.
2. TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of	•	
3. CONTINUATION: Effectiveness of the Financing Statement identified all continued for the additional period provided by applicable law.	bove with respect to security interest(s) of the Sec	ured Party authorizing this Continua	tion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and also give nam	e of assignor in item 9,	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects [6. Also check one of the following three boxes and provide appropriate information in	Debtor or Secured Party of record. Check on	ly <u>one</u> of these two boxes.	
CHANGE name and/or address: Please refer to the detailed instructions	DELETE name: Give record name	ADD name: Complete item	·
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 (i	rapplicable).
6a. ORGANIZATION'S NAME			
SOUTHLAKE PLAZA, LLC OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OD, MIDITIDOME O EMOT WITHE			
7. CHANGED (NEW) OR ADDED INFORMATION:	<u> </u>	<u></u>	
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
75. INDIVIDUAL S EAST MAINE	PIKST NAIVIE	IAIIODEE IAVIAIE	SOFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	if any
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		·· · · · ·	
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateral assign	ed.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorize		-	· ·
9a. ORGANIZATION'S NAME	and enter name or E	ZED I OT Authorizing this Amendmen	
First Commercial Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10.0PTIONAL FILER REFERENCE DATA  Debtor: SOUTHLAKE PLAZA, LLC - Task ID# 11	1240865		48754447