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20100315000074730 1/2 \$28.00 Shelby Cnty Judge of Probate, AL

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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] NANCY C. CLARKE - (205) 268-3605 B. SEND ACKNOWLEDGMENT TO: (Name and Address) PROTECTIVE LIFE INSURANCE COMPANY P. O. BOX 2606 BIRMINGHAM, ALABAMA 35202 ATTN: INVESTMENT DEPARTMENT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the 20050518000238760 - filed 05/18/2005 REAL ESTATE RECORDS. FERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement 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. 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: 6a. ORGANIZATION'S NAME Michael Management Company LLC (see Item 8 for Borrower's Address) SUFFIX MIDDLE NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR SUFFIX MIDDLE NAME FIRST NAME 7b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 7c. MAILING ADDRESS 7g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION ADD'L INFO RE | 7e. TYPE OF ORGANIZATION 7d. TAX ID #: SSN OR EIN ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. Borrower's Address: 2060 Oak Mountain Drive, Suite 200 Pelham, Alabama 35124 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 PROTECTIVE LIFE INSURANCE COMPANY SUFFIX MIDDLE NAME FIRST NAME 9b. INDIVIDUAL'S LAST NAME 10 OPTIONAL FILER REFERENCE DATA

Loan 25162 - to be filed in Shelby County, Alabama

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM I

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FOL	LOW INSTRUCTIONS (front and ba	ck) CAREFULLY	
11.	INITIAL FINANCING STATEMENT I	FILE # (same as item 1a on Amer	idment form)
20	050518000238760 - filed 05	7/18/2005	
12.	NAME OF PARTY AUTHORIZING 12a, ORGANIZATION'S NAME	THIS AMENDMENT (same as i	tem 9 on Amendment form)
OR	PROTECTIVE LIFE INSURANCE COMPANY		
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13.	Use this space for additional inform	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY