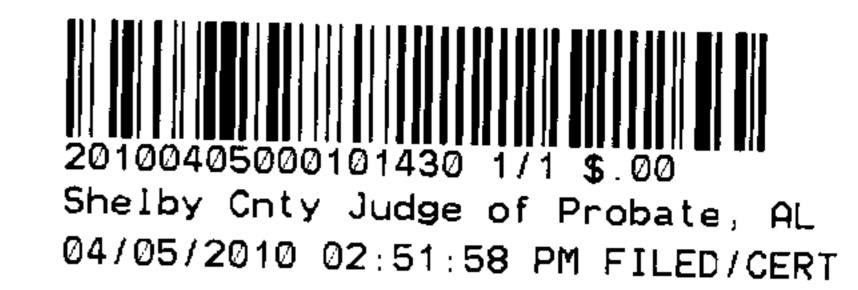
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UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS (front and back) CAREFULLY	Ť				
A. NAME & PHONE OF CONTACT AT FILER [optional]	<u> </u>				
Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
49038591 - 358370	. — ¬				
			•		•
Prepared By: Corporation Service Company 801 Adlai Stevenson Drive					
Springfield, IL 62703-4261					
Filed In: Alabama	a Shelby	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE # 20050722000366970 7/22/2005				FINANCING STATEMENT e filed [for record] (or record	
2. X TERMINATION: Effectiveness of the Financing Statement identified above is	REAL ESTATE RECORDS.				
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.					
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ad	ddress of assignee i	n item 7c; and also give name of a	assignor in	item 9.	· · · · · · · · · · · · · · · · · · ·
		d Party of record. Check only <u>on</u>			· · · · · · · · · · · · · · · · · · ·
Also check one of the following three boxes and provide appropriate information in ite CHANGE name and/or address: Please refer to the detailed instructions		: Give record name		ame: Complete item 7a or 7b,	and also itom 7s:
in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION:		n item 6a or 6b.	alsoc	emplete items 7e-7g (if applica	ble).
6a. ORGANIZATION'S NAME SOUTHLAKE PLAZA, LLC					
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	<u> </u>				
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
7c. MAILING ADDRESS 1920 Huntingdon Road, Suite 102	CITY Birmingha	Υ	STATE	POSTAL CODE 35209	COUNTRY
7d. SEEINSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTIO	NOF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
DEBTOR					NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral deleted or added, or give entire restated collateral	description, or de	scribe collateral assigned.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by 9a. ORGANIZATION'S NAME	NDMENT (name o	f assignor, if this is an Assignmentere and enter name of DEBT). If this is OR author	an Amendment authorized bizing this Amendment.	y a Debtor which
First Commercial Bank					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAME	SUFFIX
0.0PTIONAL FILER REFERENCE DATA Debtor: SOUTHLAKE PLAZA, LLC - 3/24/10nw wo	o 465498/cc	2300	<u> </u>		49038591