



CC FINANCING STATEMENT AMENDME OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
Kandie Ford (334) 361-3039			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Banktrust F/K/A The Peoples Bank & Trust Cor P O Box 680100	mpany		
Prattville, Al. 36068			
	THE ABO	VE SPACE IS FOR FILING OFFICE U	
20050707000340090 DTD: 07-07-2005		to be filed [for record] (or re REAL ESTATE RECORDS.	corded) in the
TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with respect to security interest(s		
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security interest(s) of the	Secured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	and address of assignee in item 7c; and also give	name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects			.
Also check one of the following three boxes and provide appropriate information			
CHANGE name and/or address: Give current record name in item 6a or 6b name (if name change) in item 7a or 7b and/or new address (if address change)	galso give new DELETE name: Give recange) in item 7c. Deleted in item 6a o		· ·
CURRENT RECORD INFORMATION:	To be deficied in item of		The production
6a. ORGANIZATION'S NAME			
CAC-Pelham, L.L.C.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	······································		-
7a. ORGANIZATION S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		· · · · · · · · · · · · · · · · · · ·	
. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if ar	ny
ORGANIZATION ' DEBTOR			NON
AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated coll	lateral description, or describe collateral as	sìgned.	
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NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing			ed by a Debtor which
9a. ORGANIZATION'S NAME	<u> </u>	<u> </u>	······ · · · · · · · · · · · · · ·
BankTrust F/K/A The Peoples Bank & Trust Compa	any		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA			
N#112000017			