



Shelby Cnty Judge of Probate, AL 04/26/2010 01:41:07 PM FILED/CERT

OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A NIABAC A DUANT AC AANTAAT AT CU CD (
A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
			
49643858 - 330860			
Corporation Service Company 801 Adlai Stevenson Drive			
Springfield, IL 62703			
Filed In: Alaba	منسسما	NOVE COACE IS FOR EU INC OFFICE LISE	
1a. INITIAL FINANCING STATEMENT FILE#	THE AB	30VE SPACE IS FOR FILING OFFICE USE 1b. This FINANCING STATEMENT	
20080926000380890 09/26/2008		to be filed [for record] (or record	
2. X TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated with respect to security interes	REAL ESTATE RECORDS. est(s) of the Secured Party authorizing this Terminati	ion Statement,
3. CONTINUATION: Effectiveness of the Financing Statement identified			
continued for the additional period provided by applicable law.	above with respect to eccurity interest(s) or a	ito cocursa i aity autilionizing ilito committation cit	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	and address of assignee in item 7c; and also gi	ive name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Ch	neck only <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information	J		
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 to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b also complete items 7e-7g (if applications)	, and also item 7c; able).
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
Sheffield Realty I, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7 D. WEDIVIDONE O ENOVITORINE			
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
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7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	N 7g. ORGANIZATIONAL ID #, if any	
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