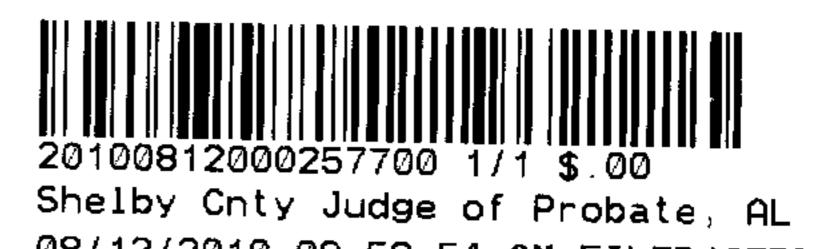
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08/12/2010 09:58:54 AM FILED/CERT

	NAME & PHONE OF CONTACT AT FILER [optional]					
. 8	SEND ACKNOWLEDGMENT TO: (Name and Address)					
		THE A	BOVE SPACE IS FO	R FILING OFFICE US	E ONLY	
	INITIAL FINANCING STATEMENT FILE#	т	1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the			
20050919000485470, filed 9/19/2005 with Shelby County, AL 2. / TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security in			REAL ESTATE RECORDS.			
ł	CONTINUATION: Effectiveness of the Financing Statement identified a	·				
L	continued for the additional period provided by applicable law.					
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	nd address of assignee in item 7c; and also	give name of assignor in	item 9.		
	AMENDMENT (PARTY INFORMATION): This Amendment affects		heck only <u>one</u> of these	two boxes.		
	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information if CHANGE name and/or address: Please refer to the detailed instructions	in items 6 and/or 7. DELETE name: Give record name	, רח Aחח	name: Complete item 7a or 7	b, and also item 7	
	in regards to changing the name/address of a party.	to be deleted in item 6a or 6b.		complete items 7e-7g (if appli	cable).	
	CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	G&I V Riverchase LLC					
?	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
(CHANGED (NEW) OR ADDED INFORMATION:				•	
	7a. ORGANIZATION'S NAME					
		IEIDOT NIANAT	MIDDLE	NAME	SUFFIX	
?	7b. INDIVIDUAL'S LAST NAME	FIRST NAME			į	
?	7b. INDIVIDUAL'S LAST NAME	FIRST NAME				
	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR	
	76. INDIVIDUAL'S LAST NAME			POSTAL CODE	COUNTR	
	76. INDIVIDUAL'S LAST NAME		STATE	POSTAL CODE SANIZATIONAL ID #, if any		
	MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY	STATE			
	MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATIO	STATE 7g. ORG			
-	MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE); check only one box.	7f. JURISDICTION OF ORGANIZATIO	STATE 7g. ORG			
-	MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE); check only one box.	7f. JURISDICTION OF ORGANIZATIO	STATE 7g. ORG			
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	MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated colla	Tf. JURISDICTION OF ORGANIZATION of describe collateral description, or describe collateral description of describe collateral	STATE ON 7g. ORG assigned.	SANIZATIONAL ID#, if any		
T C	MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral organization and organization organization organization.	Tf. JURISDICTION OF ORGANIZATION of describe collateral description, or describe collateral description of describe collateral	STATE ON 7g. ORG assigned.	SANIZATIONAL ID#, if any		
T C	MAILING ADDRESS SEEINSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral organization. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing.	Tf. JURISDICTION OF ORGANIZATION of describe collateral description, or describe collateral description of describe collateral	STATE ON 7g. ORG assigned.	SANIZATIONAL ID#, if any		
N a	MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral restated collateral organization. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS Adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Organization's NAME Principal Life Insurance Company	Tf. JURISDICTION OF ORGANIZATION of describe collateral description, or describe collateral description of describe collateral	STATE ON 7g. ORG assigned.	SANIZATIONAL ID#, if any orizing this Amendment.		