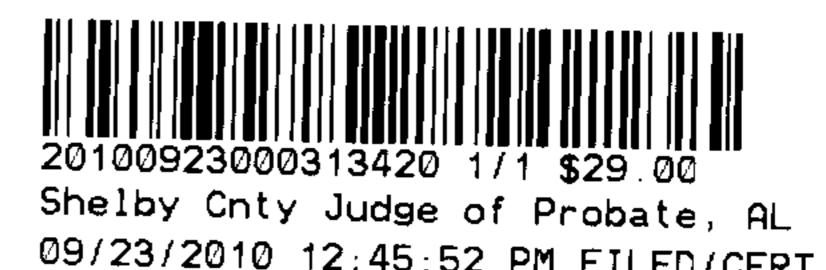
	ļ.		
_			
-		_	



UCC FINANCING STATEMENT AMEI	NDMENT	09/23/2010 12:	45:52 PM FILED/CERT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			-
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Lisa Parker (205) 250-8400			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
	——————————————————————————————————————		
Najjar Denaburg, P.C.			
Attn: Lisa Parker			
2125 Morris Ave.			
Birmingham, AL 35203		•	
1a. INITIAL FINANCING STATEMENT FILE #	THE	ABOVE SPACE IS FOR FILIN	
Instrument #20061019000518430		• • • • • • • • • • • • • • • • • • •	CING STATEMENT AMENDMENT is or record) (or recorded) in the
		REAL ESTA	TE RECORDS.
2. TERMINATION: Effectiveness of the Financing Statement Ide			··
3. CONTINUATION: Effectiveness of the Financing Statemen continued for the additional period provided by applicable law.	t identified above with respect to security interest(s) of	of the Secured Party authorizing th	is Continuation Statement is
			
4. ASSIGNMENT (full or partial): Give name of assignee in Item			
5. AMENDMENT (PARTY INFORMATION): This Amendment		Check only one of these two boxe	\$.
Also check one of the following three boxes and provide appropriate			
CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if a	m 6a or 6b; also give new DELETE name: Given deleted in item 7c to be deleted in item	ve record name ADD name: n 6a or 6b. item 7c; als	Complete item 7a or 7b, and also o complete items 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
Michael G. Connolly, Jr. Revocable Trust			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
FBN Properties 2, LLC			
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTA	L CODE COUNTRY
334 North Lake Road	Birmingham	AL 3524	
ADD'L INFO RE 7e. TYPE OF ORGAI			
ORGANIZATION		ON 7g. ORGANIZATIO	JNAL IU #, IT any
DEBTOR limited liabili			NONE
3. AMENDMENT (COLLATERAL CHANGE): check only one bo			
Describe collateral deleted or added, or give entire res	stated collateral description, or describe collateral	assigned.	
•	•		
. NAME OF SECURED PARTY OF RECORD AUTHORIZIN	G THIS AMENDMENT (name of assignor, if this is	an Assignment). If this is an Amen	dment authorized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination	on authorized by a Debtor, check here and enter r	name of DEBTOR authorizing this	Amendment.
9a. ORGANIZATION'S NAME			
)R			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
O, OPTIONAL FILER REFERENCE DATA			