



20101228000434460 1/2 \$29.00 Shelby Cnty Judge of Probate, AL 12/28/2010 12:43:06 PM FILED/CERT

JCC FINANC OLLOW INSTRUCT		MENT AMENDME back) CAREFULLY	NT				
A. NAME & PHONE OF CO		ional] 300) 331-3282 Fax (818	3) 662-4141				
SEND ACKNOWLEDGE	MENT TO: (Name and	Mailing Address) 11268 WF -B	BG-SAN AN				
CT Lien So		266106	16				
P.O. Box 29071 Clandala CA 01200 0071 ALAL							
Gieridale, CA 9 1209-907 1		FIXTUR					
				OVE SPACE I	S FOR FILING OFFICE US	E ONLY	
. INITIAL FINANCING 200120883 05					s FINANCING STATEMENT e filed [for record] (or record AL ESTATE RECORDS.		
TERMINATION:	Effectiveness of th	e Financing Statement identified above	e is terminated with respect to security interest(s)	of the Secured	Party authorizing this Term	ination Sta	atement
X CONTINUATION continued for the a	I: Effectiveness of the dditional period provide	_	e with respect to the security interest(s) of the Sec	cured Party aut	horizing this Continuation St	atement is	š
ASSIGNMENT	full or partial): Give	name of assignee in item 7a or 7b	and address of assignee in 7c; and also g	ive name of a	assianor in item 9.		
<u></u>			tor or Secured Party of record. Check on				
CHANGE name an	d/or address: Give curr	xes a <u>nd</u> provide appropriate infor ent record name in item 6a or 6b; also nd/or new address (if address change)	give new DELETE name: Give record	1 1	ADD name: Complete item 7 item 7c; also complete items		
6a. ORGANIZATION'S AUM PROPER	NAME			,			
R 6b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	MIDDLE NAME		TIX
CHANGED (NEW) O	R ADDED INFORMA	ATION:					
7a. ORGANIZATION'S	NAME						
7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	MIDDLE NAME		IX
. MAILING ADDRESS		•	CITY	STATE	POSTAL CODE	coul	NTRY
SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any		
AMENDMENT (COLL): check only o <u>ne</u> box.				· · ·	
Describe collateral	deleted or adde	d, or give entire restated collate	eral description, or describe collateral assig	gned.			
					•		
	the authorizing Debtor,		MENT (name of assignor, if this is an Assignmer y a Debtor, check here and enter name of DE			Debtor w	hich
THE MONEY S		CIAL MORTGAGE, INC.					
9b. INDIVIDUAL'S LAS	ST NAME		FIRST NAME	MIDDLE	IAME	SUFF	IX
<u> </u>	EFERENCE DATA			<u> </u>			

Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

26610616 Debtor Name: AUM PROPERTIES, LLC 0262219104-18

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	UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY									
	11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)									
	200120883 05/23/01 CC AL Shelby									
	12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)									
ļ.		12a. ORGANIZATION'S NAME THE MONEY STORE COMMERCIAL MORTGAGE, INC.								
C	OR	12b. INDIVIDUAL'S LAST NAM	ИÉ	FIRST NAME	MIDDLE NAME,SUFFIX					
		<u> </u>								

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Recorded Owner: AUM Properties, LLC Description: see exhibit "A"

13. Use this space for additional information