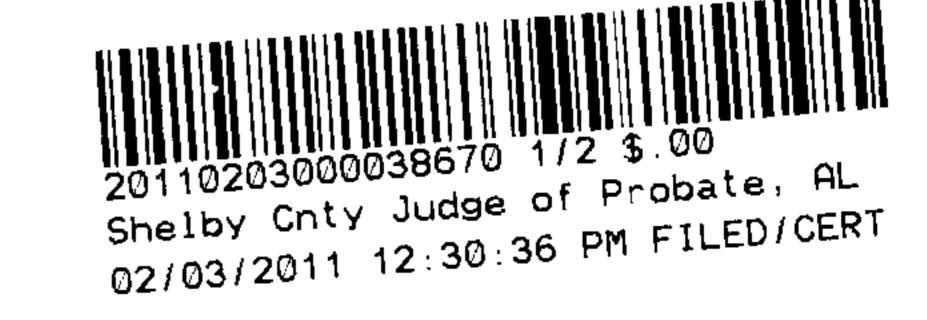
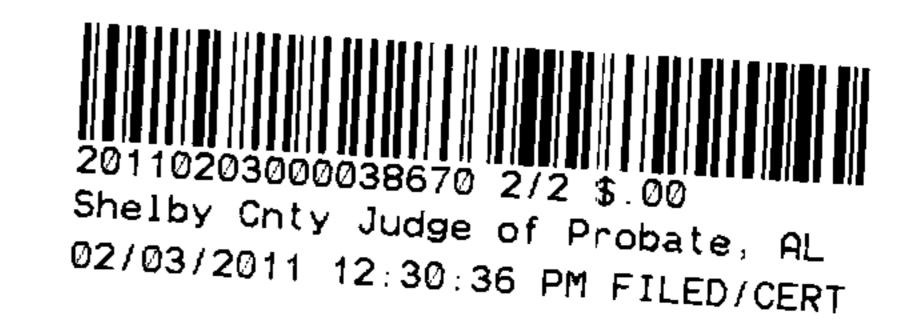
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FOLLOW INSTRUCTIONS (front and back) CAREFU	JLLY
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-328	2 Fax (818) 662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address)	10951 SYNOVUS CAPITA
CT Lien Solutions	27116074
P.O. Box 29071 Glendale, CA 91209-9071	ALAL
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	Glendale, CA 91209-907	ALAL					
				THE ABO	VE SPACE I	S FOR FILING OFFICE USE	ONLY
-	INITIAL FINANCING STATEMENT FIL 20050224000088390 02/24/0				to b	FINANCING STATEMENT A e filed [for record] (or recorded AL ESTATE RECORDS.	
2.	X TERMINATION: Effectiveness of t	he Financing Statement identified above	e is terminated wit	h respect to security interest(s) of	f the Secured	Party authorizing this Termina	tion Statement.
3.	L' \l	he Financing Statement identified above led by applicable law.	e with respect to the	ne security interest(s) of the Secu	red Party aut	horizing this Continuation State	ement is
4.	ASSIGNMENT (full or partial): Give	name of assignee in item 7a or 7b	and address o	f assignee in 7c; and also giv	e name of a	ssignor in item 9.	
	AMENDMENT (PARTY INFORMATION Also check one of the following three because CHANGE name and/or address: Give cuntil name (if name change) in item 7a or 7b and 15 cm.	oxes <u>and</u> provide appropriate informent record name in item 6a or 6b; also	mation in items	cured Party of record. Check only 6 and/or 7. DELETE name: Give record name to be deleted in item 6a or 6b.	ame [] /	two boxes. ADD name: Complete item 7a tem 7c; also complete items 7	
	CURRENT RECORD INFORMATION:			<u> </u>		······································	
	6a. ORGANIZATION'S NAME LEE BRANCH/GOLDEN SOL	JTH LLC					
OR	6b. INDIVIDUAL'S LAST NAME		FIRST NAME	·	MIDDLE	IAME	SUFFIX
	NIANCED (NEW) OD ADDED INCODA	4 A TION.			<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
7. C	7a. ORGANIZATION'S NAME	ATION:		•			
OR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	IAME	SUFFIX
7c. I	MAILING ADDRESS		CiTY		STATE	POSTAL CODE	COUNTRY
7d.	SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTIO	ON OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	NONE
Tooth reh	AMENDMENT (COLLATERAL CHANG Describe collateral deleted or add and this filing covers the following participation of the arising and howsoever Debto therwise) (collectively the "Collectively t	properties, assets and right or's interest therein may arillateral'): (a) all personal properties Lease Agreeme ion or restructuring thereoforms right, title and interest other agreement that expendently (c) all property for r legal entity that Secured (d) to the extent not listed (d) to the extent not listed (e). In the event serial numbers (e) all property for the extent not listed (e) to the extent not listed (e) to the extent not listed (e). In the event serial numbers (e) all property for the extent not listed (e) to the extent not listed (e).	se of Debtor, se or appear operty in whom the "Agree to the "Agree to the "Agree to the total "Special Tests owns of above as over the total tot	wherever located, where ich Debtor grants Sector Term No. date and the continuous of the Synovus Stor has granted a secur or which is under 50% original collateral, all taken tification numbers assignor, if this is an Assignment)	ether novelip, lease ured Part ed as of al describe and ard Tity interest or more angible are or similar or similar.	, security interest, cly a security interest [Date] (collectively ved on Exhibit A attaents thereto (collectively each true lease agreems and Condition of the common ownership and intangible Proceer information is listed. Amendment authorized by a Data of the collectively and condition is listed.	aim, or pursuant to with any ched vely, the ement, s (as more Party or direct or ds of any don Exhibit
OR	9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
	OPTIONAL FILER REFERENCE DATA		1100446	10.7			

27116074 Debtor Name: LEE BRANCH/GOLDEN SOUTH LLC 01 1087



	LOW INSTRUCTIONS (front an NITIAL FINANCING STATEMENT FI		idment form)
200	050224000088390 02/24/05	CC AL Shelby	
12. N	NAME of PARTY AUTHORIZING THIS AM	ENDMENT (same as item 9 on Ame	endment form)
	12a. ORGANIZATION'S NAME Synovus Capital Finance		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

A or otherwise in the description of Collateral, such information has been added by Secured Party to the best of its information in an effort to avoid confusion but is not intended to, and shall not, limit the above description of Collateral. With respect to the Specified Items only, this statement is filed for informational and precautionary purposes only with respect to a lease of personal property.

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