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UCC FINANCING STATEMENT AMENI	DMENT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Corporation Service Company 1-800-858-5294	1		
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
58754983 - 347950			
Prepared By:			
Corporation Service Company			
801 Adlai Stevenson Drive			
Springfield, IL 62703-4261	Alahama Shalby I		
L_	Alabama Shelby		HOE ONLY
1a, INITIAL FINANCING STATEMENT FILE#	THE AB	1b. This FINANCING STATES	
20061115000558490 11/15/2006		to be filed [for record] (or	recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement ident	tified above is terminated with respect to security interes	REAL ESTATE RECORD st(s) of the Secured Party authorizing this Terr	
3. CONTINUATION: Effectiveness of the Financing Statement in			
continued for the additional period provided by applicable law.	remined about man recipost to coolam, microsito, or in	io coodica i arty admonizmy ima committatio	on otatoment is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7	a or 7b and address of assignee in item 7c; and also div	ve name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment aff		eck only <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate infe			
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	a or 7b, and also item 7c;
6. CURRENT RECORD INFORMATION:	to be deleted in item oa of ob.	also complete items 7e-7g (if a	ipplicable).
6a. ORGANIZATION'S NAME EXECUTIVE REAL ES	TATE GROUP LLC		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			<del></del>
7a. ORGANIZATION'S NAME		, <del></del>	
OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANI. ORGANIZATION	ZATION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if	any
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire resta	ated collateral description, or describe collateral	assigned,	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of assignor, if this is an	Assignment). If this is an Amendment author	rized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination	authorized by a Debtor, check here and enter nan	ne of DEBTOR authorizing this Amendment	·
9a. ORGANIZATION'S NAME SERVISFIRST BANK			
OR ON INDUVIDUALICA ACTAIANT			<del></del>
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10,0PTIONAL FILER REFERENCE DATA			E07E4002
			58754983