UCC FINANCING STATEMENT AMENIC FOLLOW INSTRUCTIONS (front and back) CAREFULLY	OMENT			
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	·		5060 1/1 \$ 00	
63858348 - 330860		Shelby Cnty J	udge of Probate, AL :03:40 PM FILED/CERT	
		01/20/2012 03	TOS:40 PH FILLDICENT	
Corporation Service Company 801 Adlai Stevenson Drive				
Springfield, IL 62703				
Opinightia, iE 02700				
Filed In:	Alabama Shelby			
1- INITIAL CINIANCINIC CTATENAENIT EU E #		THE ABOVE S	SPACE IS FOR FILING OFFICE	
1a. INITIAL FINANCING STATEMENT FILE # 20030415000227360 4/15/2003			to be filed [for record] (c	· ·
2. X TERMINATION: Effectiveness of the Financing Statement identity	ified above is terminated with respec	t to security interest(s) of	REAL ESTATE RECOR the Secured Party authorizing this Te	
3. CONTINUATION: Effectiveness of the Financing Statement ide				
continued for the additional period provided by applicable law.				· · · · · · · · · · · · · · · · · · ·
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a				
 AMENDMENT (PARTY INFORMATION): This Amendment affecting Also check one of the following three boxes and provide appropriate info 		arty of record. Check onl	y <u>one</u> of these two boxes.	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: 0 to be deleted in ite		ADD name: Complete item also complete items 7e-7g (i	7a or 7b, and also item 7c;
6. CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME KITTRELL PROPERTI	ES, LLC			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
				<u> </u>
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
71 SEE MOTOMOTIONS LA DOUBLE DE LA TIME SE				
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ZATION 7f. JURISDICTION O	FORGANIZATION	7g. ORGANIZATIONAL ID #,	if any
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				NONE
Describe collateral deleted or added, or give entire resta	ted collateral description, or descri	be collateral assigne	ed.	
		, ~		
				
		eignes if this is an Assign	ment). If this is an Amendment auth	orized by a Debtor which
NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termination	THIS AMENDMENT (name of as authorized by a Debtor, check here	and enter name of D	EBTOR authorizing this Amendmen	nt,
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME REGIONS BANK	THIS AMENDMENT (name of as authorized by a Debtor, check here	and enter name of D	EBTOR authorizing this Amendmen	nt.
9a. ORGANIZATION'S NAME REGIONS BANK	THIS AMENDMENT (name of as authorized by a Debtor, check here	and enter name of D	EBTOR authorizing this Amendmen	nt,
adds collateral or adds the authorizing Debtor, or if this is a Termination	THIS AMENDMENT (name of as authorized by a Debtor, check here	and enter name of D	EBTOR authorizing this Amendment	SUFFIX