

	CC FINANCING STATEMENT AMENDMEN	ĮT				
	LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]					
	Corporation Service Company 1-800-858-5294					
В.	SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·				
	64824559 - 330860					
	Corporation Service Company					
	801 Adlai Stevenson Drive					
	Springfield, IL 62703					
	Filed In: Alabam	na Shelby				
12	INITIAL FINIANCING STATEMENT EILE #		THE ABOVE SPA		R FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE # 20051024000550920 10/24/2005				1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the		
2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the				REAL ESTATE RECORDS.		
3.	CONTINUATION: Effectiveness of the Financing Statement identified about					
	continued for the additional period provided by applicable law.	· .				
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee	n item 7c; and also give name of a	assignor in	item 9.	
		-	d Party of record. Check only <u>on</u>	e of these t	two boxes.	
	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in in the CHANGE name and/or address: Please refer to the detailed instructions		e: Give record name	□ ADD n	ame: Complete item 7a or 7	7b, and also item 7c.
6. (in regards to changing the name/address of a party. CURRENT RECORD INFORMATION:		n item 6a or 6b.	alsoco	omplete items 7e-7g (if appli	icable).
	6a. ORGANIZATION'S NAME REGIONS BANK	· · · · · · · · · · · · · · · · · · ·	<u> </u>			 .
OR						
OIX	6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7 /			—	<u> </u>	···	<u></u>
7. (CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	·	· · · · · · · · · · · · · · · · · · ·	····································	<u></u>	
•						
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SU		SUFFIX
7c. ∣	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
7d	SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f IUDISDICTIO	NOT ODG ANIZATION	7. 050	AND TO SERVICE OF THE	
	ORGANIZATION DEBTOR	71. JURISDICTIO	NOFORGANIZATION	/g. ORG/	ANIZATIONAL ID #, if any	,
8. /	AMENDMENT (COLLATERAL CHANGE): check only one box.					NONE
	Describe collateral deleted or added, or give entire restated collateral	al description, or de	scribe collateral Tassioned.			
		•				
			<u>. </u>			
9. N	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of	f assignor, if this is an Assignmen	t). If this is	an Amendment authorized	by a Debtor which
	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME AMSOUTH BANK	by a Debtor, check h	ere and enter name of DEB1	OR author	rizing this Amendment.	
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	······································	MIDDLE	VAME	SUFFIX
10. C	OPTIONAL FILER REFERENCE DATA Debtor: CHELSEA COMM	IONS LLC		<u> </u>		
						64824559