DLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Darlene H. Parks, Paralegal 404-504-5450  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  David W. Cranshaw, Esq. Morris, Manning & Martin, LLP 3343 Peachtree Road, NE 1600 Atlanta Financial Center Atlanta, Georgia 30326		20120727000272220 1/1 \$.00 Shelby Cnty Judge of Probate, AL 07/27/2012 02:28:02 PM FILED/CERT			
INITIAL FINANCING STATEMENT FILE #		THE ABOVE SI		OR FILING OFFICE USE	
20030815000539940 8/15/03 Shelby Co, AL		to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.			
✓ TERMINATION: Effectiveness of the Financing Statement identified above			11.	the state of the s	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	above with respect to se	curity interest(s) of the Secure	ed Party auth	norizing this Continuation Sta	atement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b as	nd address of assignee i	n item 7c; and also give name	of assignor in	item 9.	<del>*************************************</del>
Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address char CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  The Manis Family Limited Partnership	in Items 6 and/or 7.	ELETE name: Give record nar be deleted in item 6a or 6b.	me [ ] Al	DD name: Complete item 7a em 7c; also complete items 7	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	<del>*************************************</del>	MIDDLE	NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS	FIRST NAME CITY			MIDDLE NAME  STATE POSTAL CODE	
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION	7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any	
AMENDMENT (COLLATERAL CHANGE): check only one box.				······································	NON
Describe collateral deleted or added, or give entire restated collateral	a, consulaption, DC USS				
	MENDMENT (name of	assignor, if this is an Assignme	nt). If this is	an Amendment authorized by	/ a Debtor which
IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS ANd dds collateral or adds the authorizing Debtor, or if this is a Termination authorize 9a. ORGANIZATION'S NAME Wells Fargo and Company f/k/a Wachovia Bank, Nat 9b. INDIVIDUAL'S LAST NAME	ed by a Debtor, check her			thtrust Bank	