SEND ACKNOWLEDGMENT TO: (Name and	Addrose)			AB BB B B B B B B B
· [Audiess)		25 4 3 WOW WOOD 0 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	/2 \$.00
Andrew B. Buck Balch & Bingham LLP			20130204000048950 1 20130204000048950 1 Shelby Cnty Judge 0 02/04/2013 04:10:23	3 PM FILED/CERT
P. O. Box 306			02/04/20	
Birmingham, AL 35201-0306				
		THE ABOVE	SPACE IS FOR FILING OFFICE	E USE ONLY
NITIAL FINANCING STATEMENT FILE # 2000-13917 filed on 04/28/2000			1b. This FINANCING STATE to be filed [for record] (or	
/ TERMINATION: Effectiveness of the Financing	Statement identified above is terminated	with respect to security interest(s) of	REAL ESTATE RECORD	DS.
CONTINUATION: Effectiveness of the Finance	ng Statement identified above with resp		-	
continued for the additional period provided by a	·	naioman in Home Torrend also sive no	ma of occionos in itom O	
ASSIGNMENT (full or partial): Give name of a MENDMENT (PARTY INFORMATION): This		Secured Party of record. Check of		
Iso check one of the following three boxes and provide			• ———	
CHANGE name and/or address: Give current reconname (if name change) in item 7a or 7b and/or ne	rd name in item 6a or 6b; also give new address (if address change) in item 7c.	DELETE name: Give record to be deleted in item 6a or 6		
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		<u> </u>	<u> </u>	
6b. INDIVIDUAL'S LAST NAME	FIRST N	AME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST N	AME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. T	PE OF ORGANIZATION 7f. JURIS	DICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, i	if any
ORGANIZATION DEBTOR				NO
AMENDMENT (COLLATERAL CHANGE): che	·			·¥
escribe collateral deleted or added, or gi	e entirerestated collateral descriptio	n, or describe collateral assig	ned.	

File with Shelby County Judge of Probate

10. OPTIONAL FILER REFERENCE DATA

Debtor: The Whitt Group of West Virginia, Inc.

4. INITIAL FINANCING STATEMENT I	FILE # (same as item 1a on Amen	dment form)
5. NAME OF PARTY AUTHORIZING	THIS AMENDMENT (same as it	em 9 on Amendment form)
15a. ORGANIZATION'S NAME		
Madison Managemen	it, LLC, as Agent	
15b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFF
S MICOTILIANICOLIC		
5. MISCELLANEOUS		

20130204000048950 2/2 \$.00
Shelby Cnty Judge of Probate, AL
02/04/2013 04:10:23 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

- North de

	······································	· · · · · · · · · · · · · · · · · · ·			OT OLL TEMO OT THE	
		LEGAL NAME - insert only one	name (17a or 17b) - do not abbreviate or combine	names		
17a. ORGANIZATION'S N	NAME					
OR 176. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
17- MANUALO ADDDESS		· · · · · · · · · · · · · · · · · · ·	CITY	STATE	POSTAL CODE	COUNTRY
7c. MAILING ADDRESS				JOIAIL	1 00175 0005	
7d. SEEINSTRUCTIONS		17e. TYPE OF ORGANIZATION	17f. JURISDICTION OF ORGANIZATION	17g. ORG	SANIZATIONAL ID#, if a	ny
•	ORGANIZATION DEBTOR			I		NONE
IS ADDITIONAL DEST		LEGAL NAME insert only one	name (18a or 18b) - do not abbreviate or combine	names		V.
18a. ORGANIZATION'S N		LLOAL INAME - INSERT ONLY ONE	Harrie (Tod or Tob) - do not abbreviate or combine		·-···	
OR WOLLAND				leanne		
18b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE NAME		SUFFIX
8c. MAILING ADDRESS	<u> </u>		CITY	STATE	POSTAL CODE	COUNTRY
]
		40 T/DE 05 05 04 11 17 1 T/O 1	404 HUDIODIOTIONIOE ODO ANIZATIONI	40= 000	DANITATIONIAL ID # 35 a	
18d. <u>SEEINSTRUCTIONS</u>	ORGANIZATION	18e. TYPE OF ORGANIZATION	18f. JURISDICTION OF ORGANIZATION	118g. ORG	SANIZATIONAL ID #, if a	iny —
.·	DEBTOR		<u> </u>			NONE
9 ADDITIONAL DEBTO	OR'S EXACT FULL	LEGAL NAME - insert only one	name (19a or 19b) - do not abbreviate or combine	e names	•	
19a. ORGANIZATION'S N			<u> </u>		·····	
OR TOP INDIVIDUALIST ASS	R 196. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
190. INDIVIDORE 3 EASI				14110022	7 (7 (1 (7) L	
						`.
9c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
9d. SEEINSTRUCTIONS	ADD'L INFO RE	19e. TYPE OF ORGANIZATION	19f. JURISDICTION OF ORGANIZATION	19g. OR0	GANIZATIONAL ID#, if a	
	ORGANIZATION					
	DEBTOR	······································				NONE
		AME (or Name of TOTAL ASSIGN	EE) - insert only <u>one</u> name (20a or 20b)			
20a. ORGANIZATION'S	NAME					· · ·
Del Mar On	Shore Partr	iers. L.P., as Lend	er			
Del Mar OnShore Partners, L.P., as Lend 20b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX		
20- MAILING ADDDESS	····	<u> </u>	СПҮ	STATE	IPOSTAL CODE	COUNTRY
c. MAILING ADDRESS			ISTATE	POSTAL CODE	COUNTRIES	
						··
1 ADDITIONAL SECUL	RED PARTY'S N	AME (or Name of TOTAL ASSIGN	EE) - insert only <u>one</u> name (21a or 21b)			
21a. ORGANIZATION'S	· · · · · · · · · · · · · · · · · · ·					
OR CHI WELLER A CO	T & / & & & =		TEIDOT MANAC	TAMBB! =		
21b. INDIVIDUAL'S LAS	INAME		FIRST NAME	MIDDLE	NAME	SUFFIX
21c. MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	CITY	STATE	POSTAL CODE	COUNTRY
			-	-	_	-