OCC FINANCING STATEMENT AMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Pam Flynn 678-839-4428 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	DMENT		21000177440 1/1 \$.00 Cnty Judge of Proba 2013 11:36:36 AM FI	-
Community & Southern Bank P O Box 280 Carrollton, Ga. 30112				
		THE ABOVE SPAC	E IS FOR FILING OFFICE U	JSE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 20121213000476600		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
 TERMINATION: Effectiveness of the Financing Statement identification. CONTINUATION: Effectiveness of the Financing Statement identification. 			ured Party authorizing this Term	ination Statement.
continued for the additional period provided by applicable law.	definited above whill respect to sec	unity interest(s) of the Secored Pa	inty authorizing this Continuation	i Statement is
 ASSIGNMENT (full or partial): Give name of assignee in item 7 AMENDMENT (PARTY INFORMATION): This Amendment aff Also check one of the following three boxes and provide appropriate information: CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if add CURRENT RECORD INFORMATION: 	fects Debtor or Secured formation in items 6 and/or 7. 6a or 6b; also give new DE	Party of record. Check only <u>one</u> of the control of		
6a. ORGANIZATION'S NAME Adams Homes LLC, an Alabama li	mited liability comp	anv		. —: —··································
66. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
)			MIDDLE NAME	SUFFIX
75. INDIVIDUAL'S LAST NAME	FIRST NAME	N	MODEL NAME	į
	FIRST NAME CITY		STATE POSTAL CODE	COUNTRY
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANI. ORGANIZATION	CITY			ny
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANI. ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.	ZATION 7f. JURISDICTION	OF ORGANIZATION 7	STATE POSTAL CODE	
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANI. ORGANIZATION	ZATION 71. JURISDICTION of description, or description description at the collateral description	of ORGANIZATION 7 ribe collateral assigned. Forest Phase I, re	g. ORGANIZATIONAL ID #, if a	300k 36,
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANI. ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire resta	ZATION 7f. JURISDICTION of aled collateral description, or description of the Judge of P	ribe collateral assigned. Forest Phase I, reproductive of Shelby easigner, if this is an Assignment).	g. ORGANIZATIONAL ID #, if a County Alabama If this is an Amendment authoriz	Book 36,