UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]					
Corporation Service Company 1-800-858-5294					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				107310 1/1 \$31.00	
85724194 - 358370				Judge of Probate, 09:41:44 AM FILED,	
Corporation Service Company					
801 Adlai Stevenson Drive					
Springfield, IL 62703-4261					
Filed In: Alabar	ma Shelby	THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONI Y
1a. INITIAL FINANCING STATEMENT FILE #				FINANCING STATEMENT	
20050404000152830 amended in 20120510000164870 4/4/2005			K to b	e filed [for record] (or record AL ESTATE RECORDS.	led) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with res	pect to security interest(s) of the	Secured Par	ty authorizing this Terminatio	n Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.	ove with respect to se	ecurity interest(s) of the Secured	Party author	orizing this Continuation Stat	tement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee i	n item 7c; and also give name of	assignor in	item 9.	· -
5. AMENDMENT (PARTY INFORMATION): This Amendment affects					
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in					
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name to be deleted i	e: Give record name n item 6a or 6b.		arne: Complete item 7a or 7b, a omplete items 7e-7g (if applicat	•
6. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME GREY OAKS PROPERTIES,	L.L.C.				·
OR					
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:		<u></u>	 	·-·	
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u> </u>	IMIDDI E	N/ A M C	SUFFIX
7 D. HABITIOUNE O EXIOT HAXINE	I INSTITUTE	THE THAINE		MIDDLE NAME	
7c. MAILING ADDRESS	CITY	······································	STATE	POSTAL CODE	COUNTRY
			JOINTE	I JOIAL JOBE	COOKING
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTIO	NOF ORGANIZATION	7a. ORG/	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR				, , , , , , , , , , , , , , , , , , ,	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	<u> </u>				NONE
Describe collateral deleted or added, or give entire restated collate	ral description, or ide	scribe collateral assigned			
A portion of subject property to be deleted being described as fol		adding			
~ 5 LOTS: 207, 226, 228, 243 and 244~ according to the Final		ks. Sector 1, as recorded	in Map E	3ook 38. Page 148 in t	the Office of
the Probate Judge of Shelby County, Alabama.	•				
······································		···			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	IENDMENT (name o				a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	-	ere and enter name of DEB	TOR author	izing this Amendment.	
9a. ORGANIZATION'S NAME First Commercial a div Synovi	us Bank				
OR INDIVIDUALIS LAST MANTE			<u> </u>		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	IAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA Debtor: GREY OAKS PRO	OPERTIES, L	.L.Cwr2057037/ 23	310 nw		

85724194