FOLLOW INSTRUCTIONS (front and A NAME & PHONE OF CONTACT AT FILER [optop) Phone: (800) 331-3282 Fax: (8	ional]	NT					
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-90	10776 - COIVII	4324 ALAL	10056	2014051300014 Shelby Cnty J 05/13/2014 12	4150 1/2 udge of	Probate, HL	
File w 1a. INITIAL FINANCING STATEMENT FILE #	vith: Shelby, AL		<u></u>	THE ABOVE SPA	1b. This F	R FILING OFFICE US	ENDMENT is
20040322000144020 3/22/2004 CC AL Shelby				to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
 TERMINATION: Effectiveness of the Finan CONTINUATION: Effectiveness of the Final continued for the additional period provided 	ncing Statement identified abo						
4. ASSIGNMENT (full or partial): Give name of	of assignee in item 7a or 7b and	d address of assi	ign ee in item 7c; and	l also give name of assignor in item 9.	<u>-</u> .		·
5. AMENDMENT (PARTY INFORMATION): This A Also check one of the following three boxes and		لــــا		Check only <u>one</u> of these two boxes.			
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.			DELETE name	ETE name: Give record name ADD name: Complete item 7a or 7b and also item e deleted in item 6a or 6b. ADD name: Complete item 7a or 7b and also item also complete items 7e-7g (if applicable).			and also item 7c; able).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME							
Five Star Properties, L.L.C. 6b. INDIVIDUAL'S LAST NAME	• · · ·		FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE N	IAME	SUFFIX
				. <u>-</u>			
7. CHANGED (NEW) OR ADDED INFORM 7a. ORGANIZATION'S NAME	ATION:						
7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME SUFF		SUFFIX	
			CITY			Troctal conf	COLINITON
7c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO FOR ORGANIZATION DEBTOR		ZATION	7f. JURISDICTIO	N OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	NON
B. AMENDMENT (COLLATERAL CHANGE): check	<u> </u>						
Describe collateral deleted or added,	or give entire restated co	llateral descriptio	on, or describe colla	teral [] assigned.			

FIRST NAME

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

SUFFIX

77-10220273-34

MIDDLE NAME

01302

Debtor Name: Five Star Properties, L.L.C.

9b. INDIVIDUAL'S LAST NAME

10.OPTIONAL FILER REFERENCE DATA

43240056

_	CC FINANCING STATEM LOW INSTRUCTIONS (front and back) CARE		DDENDUM		
	INITIAL FINANCING STATEMENT FILE # (sa 0040322000144020 3/22/2	•			
12.	NAME OF PARTY AUTHORIZING THIS AME	NDMENT (same as item 9 on Amendmer	nt form)		
	12a. ORGANIZATION'S NAME				
	Compass Bank				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
13.	Jse this space for additional information				

20140513000144150 2/2 \$.00 Shelby Cnty Judge of Probate, AL

05/13/2014 12:42:12 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor Name and Address:

Five Star Properties, L.L.C. - 270 Yeager Parkway, Pelham, AL 35124 Secured Party Name and Address:

Compass Bank - 701 32nd St South, Birmingham, AL 35233

Real Estate Description follows:

Recorded Owner: Owner Address:,

Description: P O BOX 1786

PELHAM

AL 35124-5786