UCC FINANCING STATEMENT AMENDME	NT			
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
108810249 - 339830				
Corporation Service Company	•	20151205	000420370 1/1 \$31.00	
801 Adlai Stevenson Drive	d In: Alabama	Suetby (inty Judge of Probate, AL 115 11:16:49 AM FILED/CERT	
Springfield, IL 62703	d In: Alabama (Shelby)		TO THE TO: 49 HM FILED/CERT	
		THE ABOVE	E SPACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20060427000198930 04/27/2006		(or recorded) in the	STATEMENT AMENDMENT is to be file REAL ESTATE RECORDS nent Addendum (Form UCC3Ad) and provide	
2. TERMINATION: Effectiveness of the Financing Statement identified a	bove is terminated		······································	
Statement				
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affects	or 7b, <u>and</u> address of ed collateral in item	of Assignee in item 7c <u>and</u> 8	name of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respec	t to the security interest(s)	of Secured Party authorizing this Cont	inuation Statement is
5. PARTY INFORMATION CHANGE:				
Check <u>one</u> of these two boxes:	one of these three b	ooxes to: address: Complete —— A	DD name: Complete item DELETE r	name: Give record name
			DD name: Complete item DELETE r a or 7b, <u>and</u> item 7c to be deleted	ted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information C		one name (6a or 6b)	·····	
6a. ORGANIZATION'S NAMEINVERNESS PROPERTIES,	LLC			
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	rmation Change - provide	only <u>one</u> name (7a or 7b) (use exa	act, full name; do not omit, modify, or abbreviate an	y part of the Debtor's name)
7a. ORGANIZATION'S NAME	<u> </u>			
OR The ANDIN (ID) LALLIC CUIDNIANT	<u> </u>		<u> </u>	<u> </u>
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>	<u> </u>		<u> </u>
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
				USA
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS		Provide only one name (9a)	or Oh) (name of Assignor, if this is an Ass	signment)
	ide name of authoriz		or so) (name or Assignor, it this is an Ass	signinent)
9a. ORGANIZATION'S NAMEREGIONS BANK		 		
OR			" - ' ' ' - ' - ' - ' 	/A)
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
OR 9b. INDIVIDUAL'S SURNAME 10. OPTIONAL FILER REFERENCE DATA: Debtor: INVERNESS			ADDITIONAL NAME(S)/INITIAL	SUFFIX