UCC FINANCING STATEMENT

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FOLLOW INSTRUCTIONS		UCCI 1/3			
A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Michael E. Mahurin, Esq. Sidley Austin, LLP					
1999 Avenue of the Stars, 17th Floor					
Los Angeles, California 90067					
4 DEDTODIC NAME, B. C. J. B. L. (4 41) (R FILING OFFICE USE	
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and produced the open statements of the open statements.					
REX Residential Property Owner A, LL	C				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
1c. MAILING ADDRESS c/o Conrex,	CITY		STATE POSTAL CODE		COUNTRY
1505 King Street Ext, Suite 100	Charleston		SC	29405	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here are	ovide the Individual Debtor information in i				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	SECURED PARTY): Provide only <u>one</u> Sec	cured Party name	(3a or 3b)	
3a. ORGANIZATION'S NAME					
FORETHOUGHT LIFE INSURANCE (3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
JOD. INDIVIDUAL O GOTTIANIL	I II COTT LICOUNAL NAIVIL			IVAL IVANILO)/IIVITIALO)	
3c. MAILING ADDRESS 4 World Trade Center, 51st Floor	CITY		STATE	POSTAL CODE	COUNTRY
150 Greenwich Street	New York		NY	10007	USA
4. COLLATERAL: This financing statement covers the following collateral:					
All assets of the Debtor, whether now owned or her	eafter acquired or arising a	and wheres	oever l	located, including	all
accessions thereto and products and proceeds there described on Exhibit A (consisting of 1 page) attack	eof, including, without limit	tation, all fi		on the real estate	
accessions thereto and products and proceeds there	eof, including, without limit ned hereto and incorporated	tation, all fi	refere	on the real estate ence.	
accessions thereto and products and proceeds there described on Exhibit A (consisting of 1 page) attack TO FURTHER SECURE MORTGAGE RE 5. Check only if applicable and check only one box: Collateral is held in a 1	eof, including, without limit ned hereto and incorporated	tation, all find herein by	403000	on the real estate ence.	property al Representative
accessions thereto and products and proceeds there described on Exhibit A (consisting of 1 page) attack	eof, including, without limit ned hereto and incorporated	ation, all find herein by IST# 201904 ons) being 6b. Ch	administe	on the real estate ence.	al Representative one box:
accessions thereto and products and proceeds there described on Exhibit A (consisting of 1 page) attack. TO FURTHER SECURE MORTGAGE RE 5. Check only if applicable and check only one box: Collateral is held in a 1 fea. Check only if applicable and check only one box:	eof, including, without limit ned hereto and incorporated	ation, all find herein by IST# 201904 ons) being 6b. Ch	administered Agricul	on the real estate ence. 2106930 2red by a Decedent's Person of applicable and check only tural Lien Non-UCC	al Representative one box:

International Association of Commercial Administrators (IACA)

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME REX Residential Property Owner A, LLC 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY POSTAL CODE COUNTRY STATE ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY STATE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): Please see Exhibit A (consisting of 1 page) attached hereto and made a part hereof for a description of the real estate. 17. MISCELLANEOUS:

Exhibit A to UCC-1 Fixture Filing Debtor: REX Residential Property Owner A, LLC Secured Party: Forethought Life Insurance Company

EXHIBIT A-1

STREET ADDRESS: 824 ROUNDHILL RD, PELHAM, AL, 35124

COUNTY: SHELBY

CLIENT CODE: 36430-F2.D6

TAX PARCEL ID/APN: 13 1 11 1 001 013.000

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SHELBY, STATE OF ALABAMA, AND IS DESCRIBED AS FOLLOWS: LOT 12, BLOCK 3, ACCORDING TO THE CAHABA VALLEY ESTATES, 6TH SECTOR, AS RECORDED IN MAP BOOK 6, PAGE 25, SHELBY COUNTY, ALABAMA RECORDS.

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Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
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