



OLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]  Ann Moore				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, Al. 35242				
	TUE	A BOVE SDACE IS EA	ND EILING OFFICE LISE	ONLY
a. INITIAL FINANCING STATEMENT FILE #		1b. Th	S FINANCING STATEMENT	AMENDMENT is
20040729000422070		RE	ne filed (for record) (or record)  AL ESTATE RECORDS.	ded) in the
TERMINATION: Effectiveness of the Financing Statement ider				بال <del>کار بر بر نوب بر برای برای برای برای برای برای برای </del>
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.	identified above with respect to security interest(s) of	of the Secured Party auth	orizing this Continuation St	atement is
ASSIGNMENT (full or partial): Give name of assignee in item		<u> </u>		
5. AMENDMENT (PARTY INFORMATION): This Amendment at	<del></del>	Check only one of these	two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate in CHANGE name and/or address. Give current record name in item		ve record name	DD name: Complete item 7a	a or 7b, and also
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 address). CURRENT RECORD INFORMATION:	idress change) in item 7c. to be deleted in item		em 7c; also complete items	7d-7g (if applicable)
6a. ORGANIZATION'S NAME			<u>,</u>	
Chelsea Park, INc. and Chelsea Park Properti	es, Ltd.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME		······································	<del></del>	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
	CITY	STATE	POSTAL CODE	COUNTRY
/ C RABII 1831 - 27 11 1947				
C. MAILING ADDITEOD		į	1	1
[ ,	NIZATION 7f. JURISDICTION OF ORGANIZAT	TION 7g. OR	SANIZATIONAL ID #, if any	NON
i. 7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DEBTOR   8. AMENDMENT (COLLATERAL CHANGE): check only one bo	X.		SANIZATIONAL ID #, if any	<b>,</b> 1
to tax id #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR	X.		SANIZATIONAL ID #, if any	<b>,</b> 1
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only one bo Describe collateral deleted or added, or give entire res	X.		SANIZATIONAL ID #, if any	<b>,</b> 1
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