



UCC FINANCING STATEMENT AMENDME	NT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
Susan Rixey 205-297-3083			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
			
Compass Bank			
4958 Valleydale Road			
Suite 101			
Hoover, AL 35242-4614			
	THE ABOVE S	PACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATE	MENT AMENDMENT is
See attached		to be filed [for record] (or REAL ESTATE RECORD	
2. TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated with respect to security interest(s) of the	ne Secured Party authorizing this Ter	rmination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security interest(s) of the Secu	red Party authorizing this Continuat	ion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	nd address of assignee in item 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check only	one of these two boxes.	
Also check one of the following three boxes and provide appropriate information	in items 6 and/or 7.		
CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address charge)	also give new DELETE name: Give record name) in item 7c. Use be deleted in item 6a or 6b.	ame ADD name: Complete it item 7c; also complete it	tem 7a or 7b, and also tems 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
Eddleman Homes, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		<u> </u>	
7a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·
			<u></u>
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, i	if any
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated coll	ateral description or describe collateral lassique	ad .	
Describe collateral [7] deleted of [] added, of give entire [] restated coll	ateral description, or describe consterar [assign	, G.	
(Partial Release) Lot 7-018, according to the Plat of Ch	elsea Park 7th Sector, as recorded in	Map Book 37, Page 120), in the Probate
Office of Shelby County, Alabama.		1	
Office of Shelby Country, Triaballia.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT (name of assignor, if this is an Assign	iment). If this is an Amendment auth	orized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination author	ized by a Debtor, check here and enter hame or L		
9a. ORGANIZATION'S NAME			
OR COMPASS BANK	FIRST NAME	MIDDLE NAME	SUFFIX
9b. INDIVIDUAL'S LAST NAME		,.,. <u> </u>	
10. OPTIONAL FILER REFERENCE DATA			



Compass Bank
P. O. Box 10566
Birmingham, Alabama 35296

20080711000279620 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 07/11/2008 10:00:00AM FILED/CERT

INITIAL FINANCING STATEMENT FILE #