


A. NAME & PHONE OF CONTACT AT FILER [optional]				
Cathy Padgett: 297-4293				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	······			
Compass Bank				
4958 Valleydale Road, Suite 101				
Birmingham, AL 35242				
	THE ABOVE S		OR FILING OFFICE US	
a. INITIAL FINANCING STATEMENT FILE #			is FINANCING STATEMEN be filed [for record] (or reco	
20061114000556650		RE	AL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above				
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secu	ired Party auth	orizing this Continuation S	tatement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	daddress of assignee in item 7c; and also give name	e of assignor in	item 9.	
	ebtor or Secured Party of record. Check onl			
Also check one of the following three boxes and provide appropriate information in		, 		
CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in item 7a or 7b and/or new address (if address change	lso give new DELETE name: Give record notes in item 7c. to be deleted in item 6a or 6b.	ame A	DD name: Complete item 7 em 7c; also complete items	a or 7b, and also 7d-7g (if applicable
CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
Thornton Construction Co., Inc. and Holland Lakes, Inc.		TAKEDIE	N A & # T	- COMPANY
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	······································	· · · · · · · · · · · · · · · · · · ·		·· ····
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				•
	7f. JURISDICTION OF ORGANIZATION	7g. ORG	SANIZATIONAL ID #, if any	
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORG	SANIZATIONAL ID #, if any	!""1
ORGANIZATION DEBTOR 3. AMENDMENT (COLLATERAL CHANGE): check only one box.			SANIZATIONAL ID #, if any	!""1
ORGANIZATION DEBTOR			SANIZATIONAL ID #, if any	!""1
ORGANIZATION DEBTOR B. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateral assign	ed.		NON
ORGANIZATION DEBTOR B. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral Partial Release: Lot 192, according to the final subdivision	eral description, or describe collateral assignation plat of Holland Lakes, Sector 3	ed.		NON
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