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2011/11/17/17/17/10/230130 17 1 V 1
Shelby Cnty Judge of Probate, AL
07/27/2010 10:37:32 AM FILED/CER

JCC FINANCING STATEMENT AMEN	NDMENT		
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
John L. Hartman, III (205) 879-0500			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
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John L. Hartman, III			
Hartman & Springfield			
P. O. Box 846			
Birmingham, AL 35201-0846			
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L		/E COACE IO ECO EU INO APPIANT	
a. INITIAL FINANCING STATEMENT FILE #	I TE ABUY	E SPACE IS FOR FILING OFFICE	
20061024000523130, 20061024000523440, 3	20061024000523510	to be filed (for record) (or a	
		REAL ESTATE RECORDS	3.
TERMINATION: Effectiveness of the Financing Statement id			
CONTINUATION: Effectiveness of the Financing Statemen	nt identified above with respect to security interest(s) of the S	secured Party authorizing this Continuation	n Statement is
continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item	m 7a or 7b and address of assignee in item 7c; and also give n	ame of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment			
Also check one of the following three boxes and provide appropriate		only <u>one</u> of close (NO boxes.	
CHANGE name and/or address: Give current record name in ite	em 6a or 6b; also give newPTI DELETE name: Give reco	rd name	m 7a or 7h, and also
name (if name change) in item 7a or 7b and/or new address (if a	address change) in item 7c to be deleted in item 6a or		ms 7d-7g (if apolicable).
6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	•	
Cahaba Beach Investments, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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'. CHANGED (NEW) OR ADDED INFORMATION:			
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		······································	
7a. ORGANIZATION'S NAME			
	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME			
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS ADD'L INFO RE 7e. TYPE OF ORGA	CITY	STATE POSTAL CODE	COUNTRY
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9. NAME OF SECURED PARTY OF RECORD AUTHO adds collateral or adds the authorizing Debtor, or if this is a Top and the second part of the second par	RIZING THIS AMENDMENT (name of assignor, if this armination authorized by a Debtor, check here and entered	is an Assignment). If this is an Amendment au or name of DEBTOR authorizing this Amendm	thorized by a Debtor which
Compass Bank			
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA Judge of Probate, Shelby County			