


CC FINANCING STATEMENT AMENDME LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (optional) ohn L. Hartman, III (205) 879-0500	INT		
NAME & PHONE OF CONTACT AT FILER (optional) ohn L. Hartman, III (205) 879-0500	INT		
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ohn L. Hartman, III (205) 879-0500			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
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John L. Hartman, III		•	
Hartman & Springfield			
P. O. Box 846 Birmingham, AL 35201-0846			
Diffingham, AL 33201-0040			
AUTIAL EINIANIOUNO OTATEMENT EU E «	THE ABOVE	SPACE IS FOR FILING OFFICE U	
INITIAL FINANCING STATEMENT FILE # 20050525000254510, 20060810000389940, 2006081	<u> </u>	1b. This FINANCING STATEME to be filed [for record] (or re-	
		REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement Identified above			
CONTINUATION: Effectiveness of the Financing Statement Identified a continued for the additional period provided by applicable law.	and a munitespect to sechnth interest(s) of the Sec	ured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c; and also give nam	e of assignor in Item 9.	
	Debtor or Secured Party of record. Check on		······································
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 change)	also give new DELETE name: Give record rage) in item 7c. Lo be deleted in item 6a or 6b.		7a or 7b, and also s 7d-7o (if applicable)
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
Cahaba Beach Investments, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	- CUEEN
		IAUDOCE IAVIAIE	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME		····	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
TABOU DICO OF THE PROPERTY OF			
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if an	Y
AMENICIATION (COLLATERAL OLLANGE)			NON
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateration.			
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Unit 403, Building 4, Th Map, as recorded in Map	Book 41, Page 116, in	the Probate	
Unit 403, Building 4, Th	Book 41, Page 116, in	the Probate	
Unit 403, Building 4, Th Map, as recorded in Map	Book 41, Page 116, in	the Probate	
Unit 403, Building 4, Th Map, as recorded in Map	Book 41, Page 116, in	the Probate	
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Unit 403, Building 4, Th Map, as recorded in Map Office of Shelby County,	Book 41, Page 116, in Alabama.	the Probate	
Unit 403, Building 4, The Map, as recorded in Map Office of Shelby County,	Book 41, Page 116, in Alabama. MENDMENT (name of assignor, if this is an Assign	ment). If this is an Amendment authorize	d by a Debtor which
Unit 403, Building 4, The Map, as recorded in Map Office of Shelby County, NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS And a collateral or adds the authorizing Deblor, or if this is a Termination authorized	Book 41, Page 116, in Alabama. MENDMENT (name of assignor, if this is an Assign	ment). If this is an Amendment authorize	d by a Debtor which
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