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OLLOW INSTRUCTION	NG STATE	MENTAMEND	MENT			
A NAME & PHONE OF	F CONTACT AT F	ILER (ontional)				
John L. Hartman,	III (205) 879	9-0500				
SEND ACKNOWLED	OGMENT TO: (Na	ame and Address)			*	
John L. Har	rtman, III					
Hartman &	Springfield			201201220		
P. O. Box 846 Birmingham, AL 35201-0846				Shelby Cn	00025830 1/1 \$29.00 ty Judge of Probate,	AL
DiminiRusi	n, AL 35201-	-0846		01/23/201	2 11:03:33 AM FILED/C	ERT
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. INITIAL FINANCING ST	ATEMENT FILE #			THE ABOVE	SPACE IS FOR FILING OFFIC	
2006102400052	3130, 200610	24000523440, 2006	1024000523510		1b. This FINANCING STATE to be filed [for record]	TEMENT AMENDME (or recorded) in the
TERMINATION: E	Effectiveness of the F	Financing Statement identified	above is terminated with respect to	security interest(s) of	the Secreted Borth outbodyles this 3	RDS.
CONTINUATION:	Effectiveness of the	ne Financing Statement Identif	fied above with respect to security	Interest(s) of the Sect	ured Party authorizing this Continu	emination Statemen
						anou sistement is
AMENDMENT (DAD)	or partial): Give na	ame of assignee in item 7a or	7b and address of assignee in item	7c; and also give nam	e of assignor in item 9.	
Also check one of the folk	Wing three hoves or	N): This Amendment affects and provide appropriate informa	Debtor or Secured Party	y of record. Check onl	y one of these two boxes.	
CHANGE name and/o	r address: Give cum	rent record name in item 6a or nd/or new address (if address	ition in items 6 and/or 7. 6b: also give new	E name: Give record n		
CURRENT RECORD IN	VFORMATION:	nd/or new address (if address	change) in item 7c. to be de	eleted in item 6a or 6b.	ame ADD name: Complete item 7c; also complete	item 7a or 7b, and a items 7d-7g (if appli
68. ORGANIZATION'S	NAME	<u> </u>				
Cahaba Beach II	nvestments, L	LC			•	
	INAME		CIDOTAGAG			
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7a. ORGANIZATION'S N	ADDED INFORMAT	TION:				SUFFIX
7a. ORGANIZATION'S N	ADDED INFORMAT	TION:				SUFFIX
7a. ORGANIZATION'S N	NAME		FIRST NAME CITY		MIDDLE NAME STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATIO	FIRST NAME CITY	RGANIZATION	MIDDLE NAME	SUFFIX
TALING ADDRESS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATIO	FIRST NAME CITY	RGÁNIZATION	MIDDLE NAME STATE POSTAL CODE	SUFFIX
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