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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGMENT TO: (Name and Address) 19894 - COMPASS BANK 42374101 CT Lien Solutions P.O. Box 29071 ALAL Glendale, CA 91209-9071 FIXTURE File with: Shelby, AL

Shelby Cnty Judge of Probate, AL 03/12/2014 01:25:12 PM FILED/CERT

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1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Secured Party authorizing this Termination Statement. Ity authorizing this Continuation Statement is assignor in item 9. These two boxes.
assignor in item 9. hese two boxes.
assignor in item 9. hese two boxes.
hese two boxes.
ADD name: Complete item 7a or 7b and also item 7c; also complete items 7e-7g (if applicable).
MIDDLE NAME SUFFIX
MIDDLE NAME SUFFIX
STATE POSTAL CODE COUNTRY
ON 7g. ORGANIZATIONAL ID #, if any

9a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Compass Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

77-4192 (AFS)

	CC FINANCING STATEM LOW INSTRUCTIONS (front and back) CARE		DDENDUM
	INITIAL FINANCING STATEMENT FILE # (sa 0040517000260920 5/17/2		
12. 1	NAME OF PARTY AUTHORIZING THIS AME	NDMENT (same as item 9 on Amendmen	it form)
•	12a. ORGANIZATION'S NAME Compass Bank		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX
13.	Jse this space for additional information		

20140312000069280 2/2 \$31.00 Shelby Cnty Judge of Probate, AL 03/12/2014 01:25:12 PM FILED/CERT

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Debtor Name and Address:

COBBLESTONE COVE LTD AN ALABAMA LIMITED PARTNERSHIP - 496 HIGHWAY 67 SOUTH, DECATUR, AL 35603 Secured Party Name and Address:

Compass Bank - 701 32nd St South, Birmingham, AL 35233

Real Estate Description follows: Recorded Owner: Owner Address:, Description: 496 HWY 67 SOUTH DECATUR AL 35603