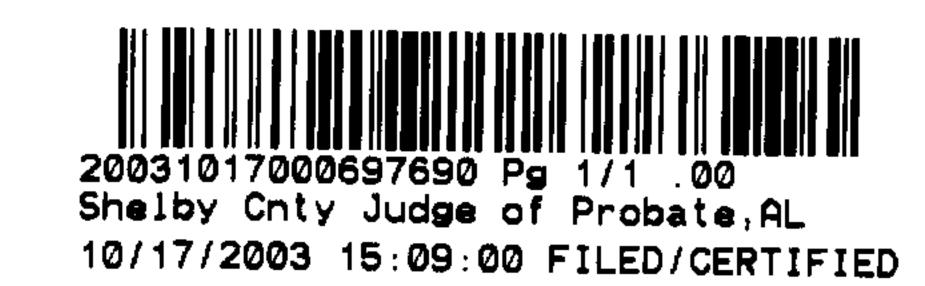
 	•••	ζ	



ICC FINANCING STATEMENT AMI OLLOW INSTRUCTIONS (front and back) CAREFULLY			
NAME & PHONE OF CONTACT AT FILER [optional]			
SEND ACKNOWLEDGMENT TO: (Name and Address	s)		
Sharonda Sails			
Compass Bank			
15th S 20th Street			
Birmintham AL 35233			
AL-BI-CH-ALR			
INITIAL FINANCING STATEMENT FILE #	THE	ABOVE SPACE IS FOR FILING OFFICE USE O	
2003059000333790	(FULL)	to be filed [for record] (or records	
TERMINATION: Effectiveness of the Financing Statemen		REAL ESTATE RECORDS. erest(s) of the Secured Party authorizing this Termination	Statement.
CONTINUATION: Effectiveness of the Financing Staten continued for the additional period provided by applicable la	ment identified above with respect to security interest(s) o		
			<u>.</u>
ASSIGNMENT (full or partial): Give name of assignee in in AMENDMENT (PARTY INFORMATION): This Amendment			<u> </u>
Also check <u>one</u> of the following three boxes <u>and</u> provide appropri		Check only <u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in name (if name change) in item 7a or 7b and/or new address		/e record name	r 7b, and als
CURRENT RECORD INFORMATION:	The data cas change in item 70. Let to be deleted in item	n 6a or 6b. item 7c; also complete items 7d-	/g (IT applica
6a. ORGANIZATION'S NAME			
Providence Park Partners 6b. INDIVIDUAL'S LAST NAME	LLC. FIRST NAME		
TODA TO ENOT HANGE	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY		
	CITY	STATE POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION	RGANIZATION 7f. JURISDICTION OF ORGANIZATI	ON 7g. ORGANIZATIONAL ID #, if any	
DEBTOR MENDMENT (COLLATERAL CHANGE): check only one	a hav		N
escribe collateral deleted or added, or give entire		Tossianed	
		assigned.	
FU	LL		
IAME OF SECURED PARTY OF RECORD AUTHORIZ	ZING THIS AMENDMENT (name of assignor, if this is a	n Assignment). If this is an Amendment authorized by a	a Debtor whi
dos collateral or adds the authorizing Debtor, or if this is a Termi	ZING THIS AMENDMENT (name of assignor, if this is a ination authorized by a Debtor, check here and enter name	nn Assignment). If this is an Amendment authorized by a ame of DEBTOR authorizing this Amendment.	a Debtor whi
9a. ORGANIZATION'S NAME	ZING THIS AMENDMENT (name of assignor, if this is a ination authorized by a Debtor, check here and enter name	nn Assignment). If this is an Amendment authorized by a ame of DEBTOR authorizing this Amendment.	a Debtor whi
9a. ORGANIZATION'S NAME COMPASS BANK	ination authorized by a Debtor, check here and enter n	ame of DEBTOR authorizing this Amendment.	
NAME OF SECURED PARTY OF RECORD AUTHORIZ adds collateral or adds the authorizing Debtor, or if this is a Termi 9a. ORGANIZATION'S NAME COMPASS BANK 9b. INDIVIDUAL'S LAST NAME	ZING THIS AMENDMENT (name of assignor, if this is a sination authorized by a Debtor, check here and enter name of assignor.)	an Assignment). If this is an Amendment authorized by a ame of DEBTOR authorizing this Amendment. MIDDLE NAME	SUFFIX