



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Ann Moore				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, Al. 35242				
1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPAC	CE IS FOR FILING OFFICE 1b. This FINANCING STATEN	MENT AMENDMENT is
20040729000422070			to be filed [for record] (or a REAL ESTATE RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respe-	ct to security interest(s) of the Se	cured Party authorizing this Tern	nination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to secu	rity interest(s) of the Secured F	arty authorizing this Continuation	n Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	ddress of assignee in	item 7c; and also give name of a	ssignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	tor or Secured	Party of record. Check only one	of these two boxes.	
Also check one of the following three boxes and provide appropriate information in its CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	ems 6 and/or 7.	LETE name: Give record name	ADD name: Complete ite	em 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change) 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	in item /c. 1 to t	be deleted in item 6a or 6b.	i item /c; also complete ite	ems 70-79 (if applicable).
Chelsea Park, Inc. and Chelsea Park Properties, Ltd.				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION	OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	any
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collatera	al description, or description	cribe collateral assigned.		
PARTIAL RELEASE				
Lots 1-08, 1-14, 1-17, 1-61, & 1-64, according to the Map 34, Page 21, in the Office of the Judge of Probate of Shelb			tor, Phase I & II, as re	ecorded in Map
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized to the autho	-	-		
9a. ORGANIZATION'S NAME				
Compass Bank			TANDO E NIANAE	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA				