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Shelby Cnty Judge of Probate, A 06/10/2005 01:04:13PM FILED/CE	L

			20050610000286410 1/1 Shelby Cnty Judge of 06/10/2005 01:04:120M	<b>\$28.00</b>
UCC FINANCING STATEMENT AMENDI	MENT		06/10/2005 01:04:13PM	FILED/CERT
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				
4- INSTALLED AND CENTERATE OF		THE ABOVE SE	PACE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE # 20031205000788520			to be filed [for record] (or record REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated with respec	ct to security interest(s) of the	والمنابع والمرابع والم والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمراب	n Statement.
3. CONTINUATION: Effectiveness of the Financing Statement ident continued for the additional period provided by applicable law.	ified above with respect to secu	rity interest(s) of the Secure	ed Party authorizing this Continuation Star	tement is
4.   ASSIGNMENT (full or partial): Give name of assignee in item 7a or				<del></del>
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		<u> </u>		
Also check one of the following three boxes and provide appropriate inform CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address 6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME		LETE name: Give record name deleted in item 6a or 6b.	ne ADD name: Complete item 7a item 7c; also complete items 7c	or 7b, and also d-7g (if applicable).
Investment Associates, LLC  OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	<del></del>	MIDDLE NAME	SUFFIX
OD. HABIATO EXCO EXCO TAXABLE	) AIXO I IVAIVIL			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 ORGANIZAT ORGANIZATION DEBTOR	TION 7f. JURISDICTION C	OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		<del>المحدد</del> وحددها المحدد والمحدد المحدد والمحدد		
Describe collateral deleted or added, or give entire restated	t collateral description, or desc	ribe collateralassigned	•	
PARTIAL				
Lot 23, according to the Survey of Final Plat of The Page 45, in the Probate Office of Shelby County, A		ion Inverness High	lands, as recorded in Map Bo	ook 34,
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TI	HIS AMENIOMENT (nome of	tonioner if this is an Assissan		
adds collateral or adds the authorizing Debtor, or if this is a Termination at 9a. ORGANIZATION'S NAME				y a Deptor Which
Compass Bank	<del></del>		<del></del>	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA				