



	IG STATEMENT AMENDMENS (front and back) CAREFULLY						
	CONTACT AT FILER [optional]						
Ann Moore  B. SEND ACKNOWLED	GMENT TO: (Name and Address)	·					
Compass 4958 Val							
			THE ADOME C	DACE IC	EAD EII INA AEEIAE NAS		
1a. INITIAL FINANCING ST	ATEMENT FILE#		INCADUVES	1b.	FOR FILING OFFICE USE This FINANCING STATEMENT	FAMENDMENT is	
20031205000788520					to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
	Effectiveness of the Financing Statement identified abo	والمتالية والمراوية والمنافقة والمراوية والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة					
3. CONTINUATION: continued for the ad	Effectiveness of the Financing Statement identified ditional period provided by applicable law.	above with respect to secu	urity interest(s) of the Secure	ed Party a	uthorizing this Continuation Sta	atement is	
4. ASSIGNMENT (fu	Il or partial): Give name of assignee in item 7a or 7b a	and address of assignee in	item 7c; and also give name	of assigno	r in item 9.		
	TY INFORMATION): This Amendment affects	el desert	Party of record. Check only	one of the	se two boxes.		
CHANGE name and/	lowing three boxes <u>and</u> provide appropriate information or address: Give current record name in item 6a or 6b	; also give new	LETE name: Give record na	me 🗂	ADD name: Complete item 7a	a or 7b, and also	
name (if name change) 6. CURRENT RECORD	e) in item 7a or 7b and/or new address (if address cha	ange) in item 7c. to	be deleted in item 6a or 6b.		ADD name: Complete item 7a item 7c; also complete items	7d-7g (if applicable	
6a. ORGANIZATION'S	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>				
Investment Associates, LLC					· · · · · · · · · · · · · · · · · · ·		
6b. INDIVIDUAL'S LAS	DUAL'S LAST NAME			MIDD	LE NAME	SUFFIX	
7. CHANGED (NEW) OR 7a. ORGANIZATION'S OR 7b. INDIVIDUAL'S LAS		FIRST NAME		MIDC	LE NAME	SUFFIX	
	· · · · · · · · · · · · · · · · · · ·						
7c. MAILING ADDRESS		CITY		STAT	E POSTAL CODE	COUNTRY	
7d. TAX ID #: SSN OR EI	N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION	OF ORGANIZATION	7g. O	RGANIZATIONAL ID #, if any	NON	
• <del>-</del>	LATERAL CHANGE): check only one box.						
Describe collateral	deleted or added, or give entire restated coll	lateral description, or desc	ribe collateral assigned	<b>l</b> .			
PARTIAL							
	to the Survey of Final Plat of The Mobile Office of Shelby County, Alab		ion Inverness High	ands, a	s recorded in Map B	ook 34,	
			assignor, if this is an Assignn	ent). If th	s is an Amendment authorized	by a Debtor which	
adds collateral or adds th	D PARTY OF RECORD AUTHORIZING THIS a e authorizing Debtor, or if this is a Termination authorizing	AMENDMENT (name of ized by a Debtor, check her	e and enter name of DE	BTOR a	thorizing this Amendment.		
adds collateral or adds the ga. ORGANIZATION'S	e authorizing Debtor, or if this is a Termination authori	AMENDMENT (name of ized by a Debtor, check her	e and enter name of DE	BTOR a	thorizing this Amendment.	<u> </u>	
adds collateral or adds th	e authorizing Debtor, or if this is a Termination authori NAME nk	AMENDMENT (name of ized by a Debtor, check her	e and enter name of DE		LE NAME	SUFFIX	