



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			
	THE A	BOVE SPACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEMENT	
20031205000788520		to be filed [for record] (or record REAL ESTATE RECORDS.	ded) in the
2. TERMINATION: Effectiveness of the Financing Statement ident	tified above is terminated with respect to security inter	<u> </u>	on Statement.
3. CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law.		<u>ئى تىن ئىن ئى تى تى</u>	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7	7a or 7b and address of assignee in item 7c; and also	give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment aff	<u> Managarang ng ng pananananananang ng panganananananananananananananananananan</u>	<u> </u>	
Also check one of the following three boxes and provide appropriate inf	territ transfer trans	The second of th	
CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if add	6a or 6b; also give new DELETE name: Give		or 7b, and also
6. CURRENT RECORD INFORMATION:	dress change) in item 7c to be deleted in item	ba or bb. Litem 7c; also complete items 7	d-/g (if applicable)
6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·		·
Investment Associates, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	CTATE DOOTAL CODE	COLINITON
C. WAILING ADDITESS	CITY	STATE POSTAL CODE	COUNTRY
'd TAX ID # SSN OR FIN JADD'I INFO RE 17e TYPE OF ORGANI	IZATION ZE HIRISDICTION OF ORGANIZATIO	ON TO OPENIEZATIONAL ID # 16 AAU	
ORGANIZATION	IZATION 7f. JURISDICTION OF ORGANIZATION	ON 7g. ORGANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR		ON 7g. ORGANIZATIONAL ID #, if any	NONE
ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.			NONE
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ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restricted process. PARTIAL Lot 22, according to the Survey of Final Plat of T	tated collateral description, or describe collateral The Mixed Use Subdivision Invernes	assigned.	
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