



UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	IT		
A. NAME & PHONE OF CONTACT AT FILER (optional)			
Ann Moore			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Compage Donk			
Compass Bank 4958 Valleydale Road, Suite 101			
Birmingham, Al. 35242			
	THE ABOVE SD	ACE IS FOR FILING OFFICE U	SE ONI V
1a. INITIAL FINANCING STATEMENT FILE #	WWW.WWW.WWW.WWW.WWW.WWW.WWW.WWW.WWW.WW	1b. This FINANCING STATEME	
20031205000788520		to be filed [for record] (or re-	•
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of the		
3. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secured	Party authorizing this Continuation	Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name of	f assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects D	ebtor or Secured Party of record. Check only o	ne of these two boxes.	
Also check one of the following three boxes and provide appropriate information in			
CHANGE name and/or address: Give current record name in item 6a or 6b; al name (if name change) in item 7a or 7b and/or new address (if address change)	so give new DELETE name: Give record name) in item 7c. to be deleted in item 6a or 6b.	e ADD name: Complete item item 7c; also complete item	n 7a or 7b, and also ns 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:			· · · · · · · · · · · · · · · · · · ·
6a. ORGANIZATION'S NAME Investment Associates, LLC			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ODITIVE OF TAXABLE			SUFFIX
TO CHANCED AND OD ADDED INDODA A TIONI.			
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 7c. TYPE OF ORGANIZATION ORGANIZATION	71. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if an	ገ y
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	[
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateral assigned.		
PARTIAL			
Lot 13, according to the Survey of Final Plat of The Mix	ked Use Subdivision Inverness Highl	ands, as recorded in Map	Book 34,
Page 45, in the Probate Office of Shelby County, Alabar	na.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN			ed by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	d by a Debtor, check here and enter name of DEE	3TOR authorizing this Amendment.	
9a. ORGANIZATION'S NAME		•	
OR SINDIVIDUAL'S LAST NAME	FIRST NIANAE	MIDDLE NAME	CHECK
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	INITION TO TAKINE	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
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