



UCC FINANCING STATEMENT AMENDMEN				
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 ABOVE SPA		R FILING OFFICE USE OF	
1a. INITIAL FINANCING STATEMENT FILE // 20031205000788520		to be	FINANCING STATEMENT ANd strike filed [for record] (or recorded)	
	nonnemonate connect to consity interest(c) of the		L ESTATE RECORDS.	Statement
3. CONTINUATION: Effectiveness of the Financing Statement identified abortional period provided by applicable law.	ve with respect to security interest(s) of the Secureo	rany aumo	mzing mis Commuation State	Hent is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c: and also give name of	assignor in i	tem 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De				
Also check one of the following three boxes and provide appropriate information in it				
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)		e AD	D name: Complete item 7a or n 7c; also complete items 7d-7	7b, and also
6. CURRENT RECORD INFORMATION:) in item 7c. to be deleted in item 6a or 6b.	ı ıleı	n 70, also complete items 70-7	g (ii applicable).
6a. ORGANIZATION'S NAME	······································			
Investment Associates, LLC				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	VAME	SUFFIX
		į		
7. CHANGED (NEW) OR ADDED INFORMATION:		 		
7a. ORGANIZATION'S NAME				
OR	FIRST NAME	MIDDLE		SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIXST INMINE		I A CAIAICE	
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7C. WAILING ADDRESS			I JOINE JOBE	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR				T NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				NONE
Describe collateral deleted or added, or give entire restated collater	al description, or describe collateral assigned.			
PARTIAL				
	1 # 7	4	1 1 1 1 1	1 2 4
Lot 15, according to the Survey of Final Plat of The Mixe		ands, as	recorded in Map Boo	ok 34,
Page 45, in the Probate Office of Shelby County, Alaban	ld.			
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	·	•	"	a Debtor which
9a. ORGANIZATION'S NAME	by a Debior, check here and enter hame of DEE	or Or author	nzing this Amendment.	· · · · · · · · · · · · · · · · · · ·
Compass Bank				
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA	**************************************			