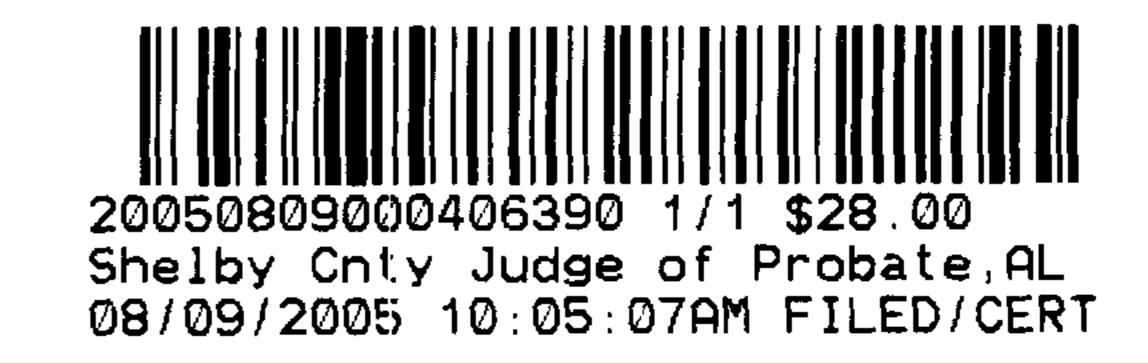
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UC	C FINANCING STATEMENT AMENDME	=NT				
FOL	LOW INSTRUCTIONS (front and back) CAREFULLY					
5	NAME & PHONE OF CONTACT AT FILER [optional]  Ann Moore					
	SEND ACKNOWLEDGMENT TO: (Name and Address)					
	Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, Al. 35242					
			THE ABOVE S	PACE IS	FOR FILING OFFICE US	EONLY
	NITIAL FINANCING STATEMENT FILE # 20031205000788520	1	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
2.	TERMINATION: Effectiveness of the Financing Statement identified about	ve is terminated wit	h respect to security interest(s) of th			
3.	CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respec	t to security interest(s) of the Secur	ed Party a	thorizing this Continuation S	Statement is
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	and address of assi	gnee in item 7c; and also give name	of assignor	in item 9.	
	MENDMENT (PARTY INFORMATION): This Amendment affects		ecured Party of record. Check only	ومروج ومحمد فالأوام	ومحمد والمحدين والمعاري والمعارك والمعارك والمعارك	
	Iso check <u>one</u> of the following three boxes <u>and</u> provide appropriate information.				ADD seems. Commisses the see	7 <del>- 7</del>
	CHANGE name and/or address: Give current record name in item 6a or 6b name (if name change) in item 7a or 7b and/or new address (if address change)	nge) in item 7c.	DELETE name: Give record na to be deleted in item 6a or 6b.	me	ADD name: Complete item item 7c; also complete items	/a or /b, and also 7d-7g (if applicable).
	CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	<u>.</u>	<del></del>			
	Investment Associates, LLC					,
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAM	<u> </u>	MIDDI	ENAME	SUFFIX
	HANGED (NEW) OR ADDED INFORMATION:					
	7a. ORGANIZATION'S NAME					
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAM	——————————————————————————————————————	MIDDLE NAME SUFFIX		
						SUFFIX
7c. N	MAILING ADDRESS	CITY		STAT	E POSTAL CODE	COUNTRY
7d. 1	TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION   DEBTOR	7f. JURISDI	CTION OF ORGANIZATION	7g. OF	RGANIZATIONAL ID #, if any	
8. A	MENDMENT (COLLATERAL CHANGE): check only one box.					NONE
De	escribe collateral deleted or added, or give entire restated coll	ateral description, o	or describe collateral assigned	l <sub>-</sub>		
T) A	The Part A Tr					
PA	RTIAL					
Lo	ot 18, according to the Survey of Final Plat of The M	lixed Use Sul	division Inverness High	lands, a	s recorded in Map	Book 34.
	ge 45, in the			•	<b>4</b>	•
		, <del></del>				
9. N.	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS And the collateral or adds the authorizing Debtor, or if this is a Termination authority	AMENDMENT (na				by a Debtor which
_	9a. ORGANIZATION'S NAME	Led by a Debtor, Ch	and enter name of DE	DIUK aut	horizing this Amendment.	——————————————————————————————————————
	Compass Bank					
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAM	E	MIDDL	E NAME	SUFFIX
						,
0.0	PTIONAL FILER REFERENCE DATA				080111900 100001190000000000000000000000	