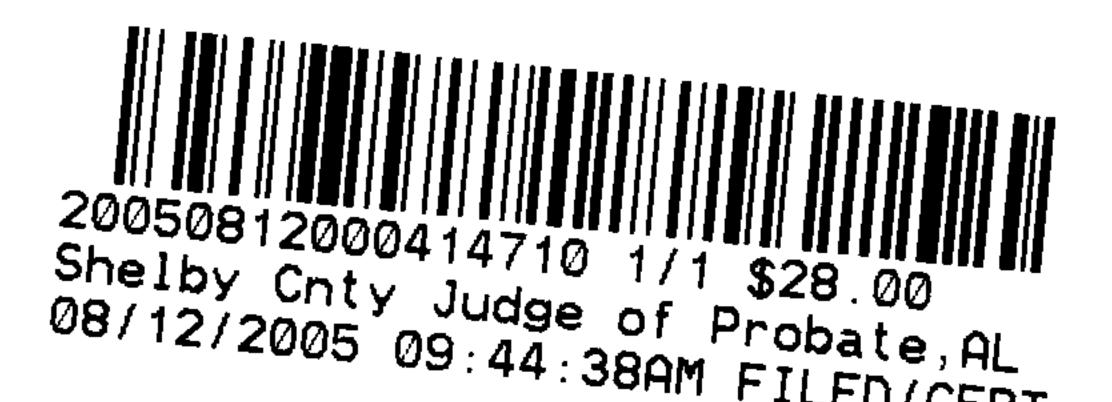
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			FILED/CERT
UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] Ann Moore			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Compass Bank			
4958 Valleydale Road, Suite 101 Birmingham, Al. 352242			
	THE ABOVE SP	ACE IS FOR FILING OFFICE US	SEONLY
1a. INITIAL FINANCING STATEMENT FILE # 20040729000422070		1b. This FINANCING STATEME to be filed [for record] (or record)	
		to be filed [for record] (or record). REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is			
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	re 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 a	ddress of assignee in item 7c; and also give name of	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	otor 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 its			
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)	give new DELETE name: Give record nam in item 7c. to be deleted in item 6a or 6b.	e ADD name: Complete item item 7c; also complete item	7a or 7b, and also s 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
Chelsea Park, Inc.			
OR 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	STATE POSTAL CODE	COUNTRY
		JANUAR OUDE	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	y
ORGANIZATION DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collatera	I description, or describe collateral assigned.		
PARTIAL			
Lots 1-60, according to the Map and Survey of Chelsea Pa	rk, 1st Sector, Phase I & II, as reco	rded in Map Book 34. Pag	ge 21 in the
Probate Office of Shelby County, Alabama.			D +
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assignment	nt). If this is an Amendment authorize	d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by 9a. ORGANIZATION'S NAME	a Debitor, check here and enter name of DEB	UK authorizing this Amendment.	
Compass Bank			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			