



COLLOW INSTRUCTIONS (front and back) ANDESILL V	DMENT		
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 ABO	VE SPACE IS FOR FILING OFFICE U	SEONLY
1a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEME	NT AMENDMENT is
20031205000788520	WATER BOOK TO THE TOTAL CONTROL OF THE TOTAL CONTRO	to be filed [for record] (or record).  REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identi			
3. CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law.	lentified above 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			
5. AMENDMENT (PARTY INFORMATION): This Amendment affecting			<u> </u>
Also check one of the following three boxes and provide appropriate info	travel Japani	it only galge of those the boxes.	
CHANGE name and/or address: Give current record name in item 6 name (if name change) in item 7a or 7b and/or new address (if address)	6a or 6b; also give new DELETE name: Give recordes change) in item 7c. to be deleted in item 6a o		7a or 7b, and also
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME			
Investment Associates, LLC			
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
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME  CITY	MIDDLE NAME  STATE POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS	CITY		COUNTRY
76. INDIVIDUAL'S LAST NAME  7c. MAILING ADDRESS  7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION   DEBTOR	CITY ZATION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE	COUNTRY
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