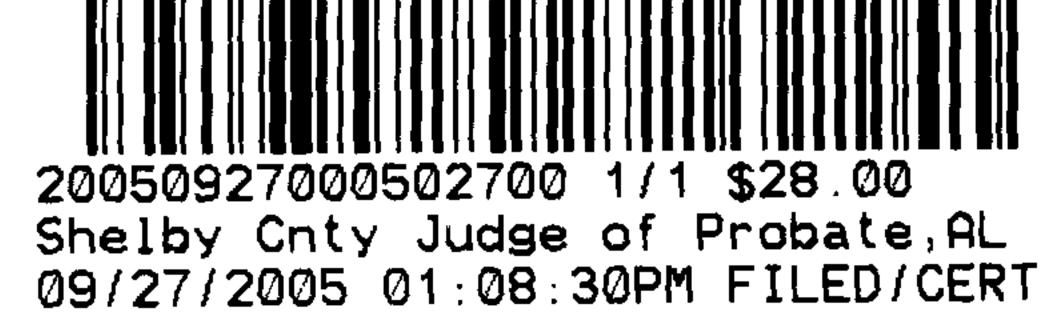


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UCC FINANCING STATEMENT AMENDI FOLLOW INSTRUCTIONS (front and back) CAREFULLY	MENT			
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Ann Moore B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, Al. 35242				
	THE A	ROVE SDACI	E IS FOR FILING OFFICE	IICE ANI V
1a. INITIAL FINANCING STATEMENT FILE # 20031205000788520			b. This FINANCING STATEN to be filed [for record] (or record) REAL ESTATE RECORDS	MENT AMENDMENT is
2. TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated with respect to security interes	st(s) of the Sec		
3. CONTINUATION: Effectiveness of the Financing Statement ident continued for the additional period provided by applicable law.	tified above with respect to security interest(s) of t	he Secured Pa	rty authorizing this Continuatio	n Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or				
5. AMENDMENT (PARTY INFORMATION): This Amendment affects				ببها ومناوم المنابعة
Also check one of the following three boxes and provide appropriate inform	nation in items 6 and/or 7.			
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address 6. CHARENT DECORD INFORMATION).	or 6b; also give new DELETE name: Give s change) in item 7c to be deleted in item 6		ADD name: Complete ite ite item 7c; also complete ite	m 7a or 7b, and also ms 7d-7g (if applicable
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	<u> </u>			
Investment Associates, LLC				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	N	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	٨	AIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	5	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZAT ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	N 7	g. ORGANIZATIONAL ID #, if a	any
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	Periodicial de la 			
Describe collateral deleted or added, or give entire restated	d collateral description, or describe collateral	assigned.		
PARTIAL				
Lot 39, according to the Survey of Final Plat of The Page 45 A & B, in the Probate Office of Shelby Co		Highland	s, as recorded in Map	Book 34,
rage 13 m at the ribbate Office of Shelby Co	unity, Anabama.			
	HIS AMENDMENT (name of assignor, if this is an athorized by a Debtor, check here and enter nar	n Assignment). me of DEBTO	If this is an Amendment authori R authorizing this Amendment.	zed by a Debtor which
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH adds collateral or adds the authorizing Debtor, or if this is a Termination au 9a. ORGANIZATION'S NAME	HIS AMENDMENT (name of assignor, if this is an athorized by a Debtor, check here and enter nar	n Assignment). me of DEBTO	If this is an Amendment authori R authorizing this Amendment.	zed by a Debtor which
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor author	thorized by a Debtor, check here and enter nar	me of DEBTO	R authorizing this Amendment.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing ORGANIZATION'S NAME	HIS AMENDMENT (name of assignor, if this is an athorized by a Debtor, check here and enter nar	me of DEBTO	If this is an Amendment authori R authorizing this Amendment.	zed by a Debtor which