



NAME & PHONE OF CONTACT AT FILE	ER [optional]			
Ann Moore				
SEND ACKNOWLEDGMENT TO: (Nam	ie and Address)			
Compass Bank 4958 Valleydale Road, S	Suite 101			
Birmingham, Al. 35242				
<u></u>		THE ABOVE S	PACE IS FOR FILING OFFICE USE	ONLY
. INITIAL FINANCING STATEMENT FILE#			1b. This FINANCING STATEMEN	
20040729000422070		<u> معطنا معمور مرد مورد قور مونا نی برده قور معنا فورده فاور معتان برده فاورده فالمورد فالمورد فالمورد فالمورد ف</u>	to be filed [for record] (or record REAL ESTATE RECORDS.	raea) in the
		s terminated with respect to security interest(s) of the		
CONTINUATION: Effectiveness of the continued for the additional period provide	Financing Statement identified aboved by applicable law.	ve with respect to security interest(s) of the Secur	red Party authorizing this Continuation St	atement is
ASSIGNMENT (full or partial): Give nan	ne of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	of assignor in item 9.	
		btor or Secured Party of record. Check only	one of these two boxes.	
Also check one of the following three boxes and			amo Pari ADD nomo: Completo item 7	a ar 7h and alac
CHANGE name and/or address: Give curre name (if name change) in item 7a or 7b and	d/or new address (if address change)	DELETE name: Give record na) in item 7c. to be deleted in item 6a or 6b.	ADD name: Complete item 7 item 7c; also complete items	7d-7g (if applica
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				
Chelsea Park, Inc and Chelses	Park Properties, Ltd.			
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMAT 7a. ORGANIZATION'S NAME	ION:			
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	, , , _ , , , , , , , , , , , , , , , ,	CITY	STATE POSTAL CODE	COUNTRY
MAILING ADDRESS				
WAILING ADDRESS		7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION			J 1
TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR				Ν
TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DESTOR AMENDMENT (COLLATERAL CHANGI	E): check only <u>one</u> box.		d.	N
TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DESTOR AMENDMENT (COLLATERAL CHANGI	E): check only <u>one</u> box.	al description, or describe collateral assigne	d.	
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