



UC	C FINANCING STATEMENT AMENDMEN					
FOL	LOW INSTRUCTIONS (front and back) CAREFULLY					
-	NAME & PHONE OF CONTACT AT FILER [optional]					
	Ann Moore					
В. S	SEND ACKNOWLEDGMENT TO: (Name and Address)					
	}					
	Compass Bank					
	4958 Valleydale Road, Suite 101					
	Birmingham, Al. 35242					
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			THE AROVE SDA	CE 18 E0	R FILING OFFICE USE C	MII V
1a i	NITIAL FINANCING STATEMENT FILE #		INCABOVE SPA		S FINANCING STATEMENT A	برجرات نفسسا البائلات والمراسات المساور
	20031205000788520				e filed [for record] (or recorde	
				عدمي محمود	واجري والمرادي والمتمال المساول	وعروان والمساول المساول المساول المساول
2.	TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with res	pect to security interest(s) of the Se	ecured Par	ty authorizing this Termination	Statement.
3.	CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ve with respect to s	ecurity interest(s) of the Secured I	Party author	orizing this Continuation State	ement is
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee	in item 7c; and also give name of a	assignor in	item 9.	
				معري النصب بينالند	ومعور مورسم برير محمد واستعمد الانتخار التناف والمتالات	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.						
			DELETE name: Give record name	[] A[D name: Complete item 7a n	r 7h and alen
CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name ADD name: Complete item 7a or 7b, and also to be deleted in item 6a or 6b. item 7c; also complete items 7d-7g (if applicable).						
	CURRENT RECORD INFORMATION:					
	6a. ORGANIZATION'S NAME					
	Investment Associates, LLC					
OR	6b. INDIVIDUAL'S LAST NAME	IVIDUAL'S LAST NAME			MIDDLE NAME SUFFIX	
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7c. N	MAILING ADDRESS	CITY	······································	STATE	POSTAL CODE	COUNTRY
7d.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTIO	N OF ORGANIZATION	7a. ORG	ANIZATIONAL ID #, if any	
	ORGANIZATION					 1
	DEBTOR					NONE
	MENDMENT (COLLATERAL CHANGE): check only one box.					
D	escribe collateral deleted or added, or give entire restated collatera	al description, or de	scribe collateral assigned.			
PA	RTIAL					
Lo	t 34, according to the Survey of Final Plat of The Mixed	d Use Subdiv	ision Inverness Highlan	ds, as r	ecorded in Map Boo	sk 34.
	ge 45 A & B, in the Probate Office of Shelby County, A					,,,
o, vie - recome errice er errein, rindenna.						
O N						
9. N	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name o	of assignor, if this is an Assignment). If this is	an Amendment authorized by	a Debtor which
	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized I	uy a Deblor, Check h	and enter name of UEBI	UK autho	rizing this Amendment.	
	9a. ORGANIZATION'S NAME					
	Compass Bank					
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
10 O	PTIONAL FILER REFERENCE DATA			L		<u> </u>