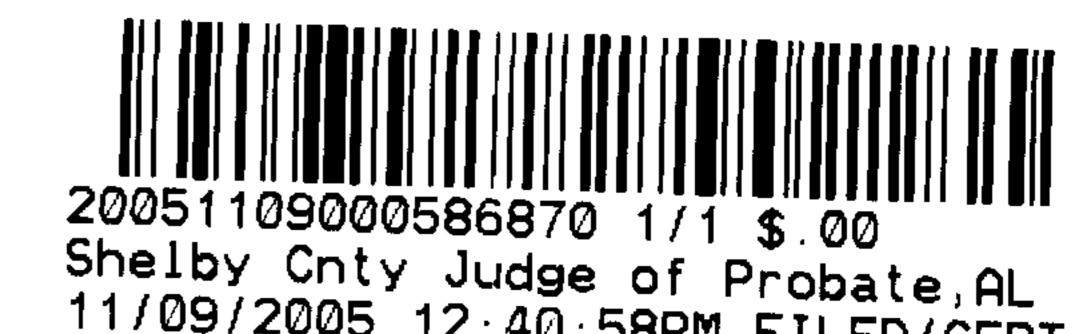
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LICC EINIANICINIC CTATEMENT ARRENICH		11/09/2005 12:40:58PM	FILED/CERT
UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCT ONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Compass Bank			
4958 Valleydale Road, Suite 101			
Birmingham, AL 35242			
Attn: April Price			
	THE ABOVE SPA	CE IS FOR FILING OFFICE USE C	NI Y
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT A	MENDMENT is
20040210000067910		to be filed [for record) (or recorde 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.	e with respect to security interest(s) of the Secured	Party authorizing this Continuation State	ment 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	tor or Secured Party of record. Check only one	e of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in its		CT ADD name: Camplete Ham Za e	. 7h
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 name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or item 7c; also complete items 7d-	7b, and also 7g (if applicable).
6. CURRENT RECOFD INFORMATION: 6a. ORGANIZATIC N'S NAME			·····
Providence Park Partners, L.L.C.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7 CHANCED (MENA) OR ADDED INCORNATION			
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATIC N'S NAME		······································	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7- MAIL INIO ADDECC			
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<u> </u>
ORGANIZATION DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collatera	description, or describe collateral assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assignment	t). If this is an Amendment authorized by	a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized b	y a Debtor, check here and enter name of DEBT	OR authorizing this Amendment.	a Douloi WillCi)
9a. ORGANIZATICIN'S NAME			· · · · · · · · · · · · · · · · · · ·
OR Compass Bank 9b. INDIVIDUAL'S LAST NAME	FIDST NAME	LAIDDLE NIANE	Tourse and
ISD. HADIVIDUAL S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			