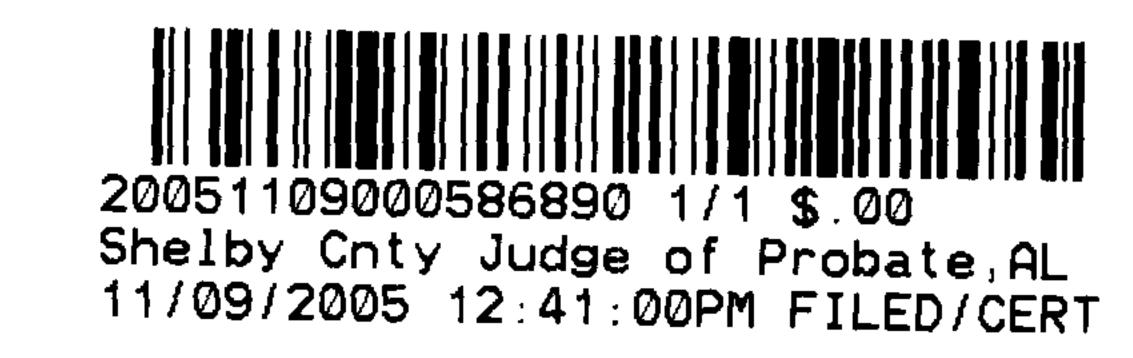
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NIANAC O DUONIE OF CONTACT AT CUICD footionall				
NAME & PHONE OF CONTACT AT FILER [optional]				
SEND ACKNOV/LEDGMENT TO: (Name and Address)				
Cornpass Bank				
4958 Valleydale Road, Suite 101				
Birningham, AL 35242				
Attn: April Price				
	THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
INITIAL FINANCING STATEMENT FILE #		1b. This	FINANCING STATEMENT	AMENDMENT is
20030912000614080		to b	e filed [for record] (or record). LESTATE RECORDS.	ded) in the
✓ TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of the	Secured Par	ty authorizing this Termination	on Statement.
CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secured	Party author	orizing this Continuation Sta	itement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name of	assignor in	item 9.	
AMENDMENT (F'ARTY INFORMATION): This Amendment affects De	ebtor or Secured Party of record. Check only or	ne of these t	wo boxes.	
Also check one of the following three boxes and provide appropriate information in	items 6 and/or 7.			~~ "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)	DELETE name: Give record name) in item 7c. to be deleted in item 6a or 6b.	e AL ite	D name: Complete item 7a m 7c; also complete items 7	d-7g (if applicable
CURRENT RECORD INFORMATION:		,, <u>, , , , , , , , , , , , , , , , , , </u>		
6a. ORGANIZATION'S NAME Drovidonos Dorle Dortners I I C				
Providence Park Partners, L.L.C. 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	IMIDDLE	NAME	SUFFIX
OD. INDIVIDUAL S LAST MAINE			· • · · · · · · · · · · · · · · · · · ·	
		<u> </u>		
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	NOI
AMENDMENT (COLLATERAL CHANGE): check only one box.				
Describe collateral deleted or added, or give entire restated collate	ral description, or describe collateral assigned.			
NAME OF SECUE:ED PARTY OF RECORD AUTHORIZING THIS AN				by a Debtor which
NAME OF SECUE: ED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized			s an Amendment authorized orizing this Amendment.	by a Debtor which
NAME OF SECUEED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME				by a Debtor which
NAME OF SECUE: ED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized			orizing this Amendment.	by a Debtor which