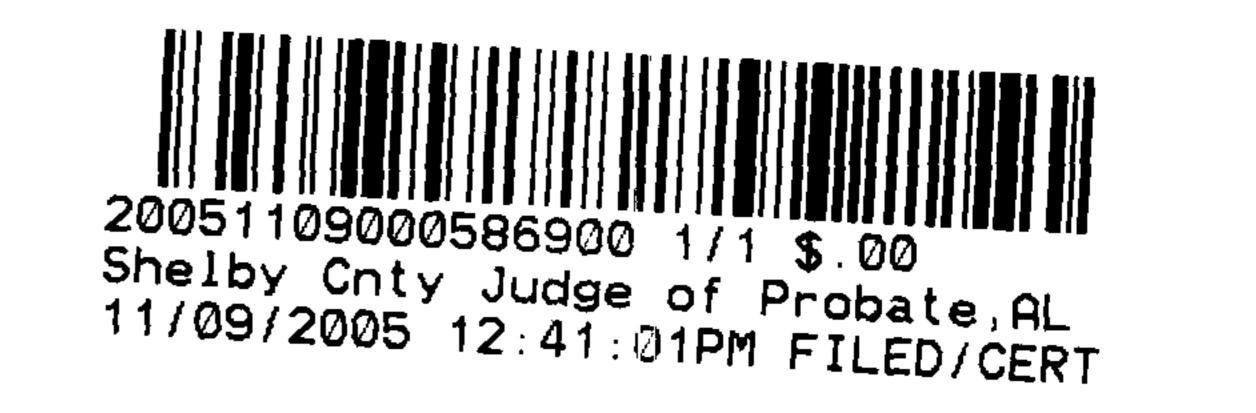
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CC FINANCING STATEMENT AMENDMI OLLOW INSTRUCTIONS (front and back) CAREFULLY				
NAME & PHONE OF CONTACT AT FILER [optional]				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
Compass Bank 4953 Valleydale Road, Suite 101 Birmingham, AL 35242 Attr.: April Price				
a. INITIAL FINANCIN'S STATEMENT FILE #		THE ABOVE SPACE		TATEMENT AMENDMENT is
20040210000067850			REAL ESTATE RE	rd] (or recorded) in the CORDS.
TERMINATION: Effectiveness of the Financing Statement identified ab				كوبتنا كالمورب كالمورب كالمورين والمورين والمورين والموري
. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	d above with respect to security inter	est(s) of the Secured F	Party authorizing this Con	tinuation Statement is
ASSIGNMEN'T (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; a	and also give name of a	ssignor in item 9.	
. AMENDMENT (FARTY INFORMATION): This Amendment affects	Debtor or Secured Party of r	ecord. Check only one	of these two boxes.	
Also check one of the following three boxes and provide appropriate information		me: Give record name	C ADD name: Com	olete item 7a or 7b, and also
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address ch	nange) in item 7c. to be delete	d in item 6a or 6b.	item 7c; also com	olete items 7d-7g (if applicable)
. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				
Providence Park Partners, L.L.C.				
		<u> </u>	MIDDLE NAME	SUFFIX
	FIRST NAME		I WILD DEL TAXIAL	100
6b. INDIVIDUAL'S LAST NAME	FIRST NAME			
	FIRST NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME			
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6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME CITY	ANIZATION	MIDDLE NAME	SUFFIX COUNTRY ID #, if any
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS: d. TAX ID #: SSN OF! EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	FIRST NAME CITY	ANIZATION	MIDDLE NAME STATE POSTAL COL	SUFFIX DE COUNTRY
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