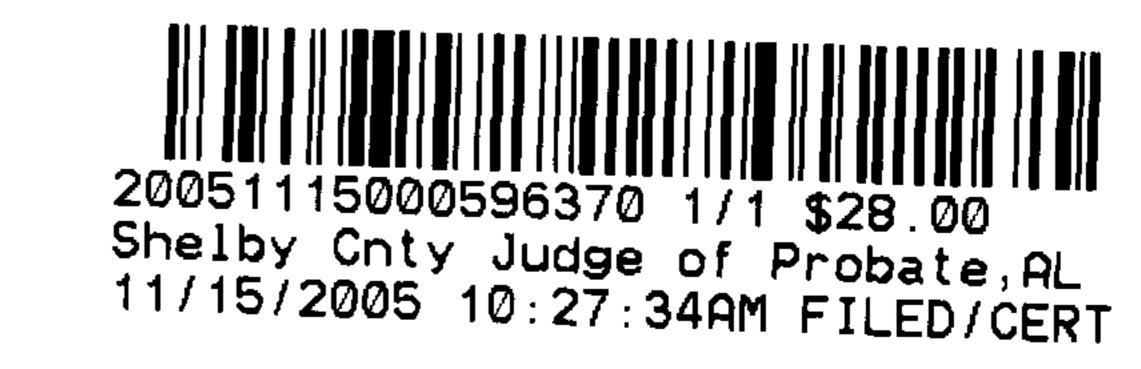
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OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Ann Moore			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Compass Bank			
4958 Valleydale Road, Suite 101			
Birmingham, Al. 35242			
3			
		DOVE COACE IC FOR EIL INC OFFICE I	CE ONI V
1a. INITIAL FINANCING STATEMENT FILE#		ABOVE SPACE IS FOR FILING OFFICE U	
2004077-9000 422076		to be filed [for record] (or re REAL ESTATE RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement identified			
 CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law. 	ned above with respect to security interest(s) of	the Secured Party authorizing this Continuation	Statement is
4. 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.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor of Secured Party of record.	Check only one of these two boxes.	
Also check one of the following three boxes and provide appropriate informations	ation in items 6 and/or 7.		
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address	r 6b; also give new DELETE name: Give change) in item 7c to be deleted in item		n 7a or 7b, and also ns 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
Chelsea Park Inc. and Chelsea Park Properties,	Ltd.		
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	CITY	STATE POSTAL CODE	COUNTRY
7c. MAILING ADDRESS			
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI	ION 7f. JURISDICTION OF ORGANIZATI	ON 7g. ORGANIZATIONAL ID #, if a	ny
	ION 7f. JURISDICTION OF ORGANIZATI	ON 7g. ORGANIZATIONAL ID #, if a	ny NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.			- -
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR			- -
7d. TAX ID#: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated			- -
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.			- -
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7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated PARTIAL Lot 1-104, according to the Map and Survey of Chemical deleted and S	collateral description, or describe collateral	assigned.	NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMEN'DMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated PARTIAL	collateral description, or describe collateral	assigned.	NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated PARTIAL Lot 1-104, according to the Map and Survey of Chemical deleted and S	collateral description, or describe collateral	assigned.	NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated PARTIAL Lot 1-104, according to the Map and Survey of Chemical deleted and S	collateral description, or describe collateral	assigned.	NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated PARTIAL Lot 1-104, according to the Map and Survey of Chemical deleted and S	collateral description, or describe collateral	assigned.	NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated PARTIAL Lot 1-104, according to the Map and Survey of Chemical deleted and S	collateral description, or describe collateral	assigned.	NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated PARTIAL Lot 1-104, according to the Map and Survey of Chemical deleted and S	collateral description, or describe collateral	Jassigned. II, as recorded in Map Book 34,	Page 21 A & B
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated PARTIAL Lot 1-104, according to the Map and Survey of Che in the Probate Office of Shelby County, Alabama.	collateral description, or describe collateral elsea Park, 1st Sector, Phase I &	assigned. II, as recorded in Map Book 34, an Assignment). If this is an Amendment authoric	Page 21 A & B
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral	collateral description, or describe collateral elsea Park, 1st Sector, Phase I &	assigned. II, as recorded in Map Book 34, an Assignment). If this is an Amendment authoric	Page 21 A & B
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