



UCC FINANCING STATEMENT AMENDME	NT		
FOLLOW 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			
	THE ABOVE SP	ACE IS FOR FILING OFFICE USE	NLY
1a. INITIAL FINANCING STATEMENT FILE # 20031205000788520		1b. This FINANCING STATEMENT A to be filed [for record] (or records	
2. TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of the	REAL ESTATE RECORDS.  Secured Party authorizing this Termination	Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified at	bove with respect to security interest(s) of the Secure	d Party authorizing this Continuation State	ement is
continued for the additional period provided by applicable law.  4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	d addraga of aggings a in itam 7er and also sive same a	essessioner, se de m D	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects			
Also check one of the following three boxes and provide appropriate information in	n items 6 and/or 7.		
CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)	plso give new DELETE name: Give record name ge) in item 7c. to be deleted in item 6a or 6b.	ne ADD name: Complete item 7a control item 7c; also complete items 7d	r 7b, and also -7g (if applicable).
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME			<del></del>
Investment Associates, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Z OUANGED ANEWS OR ARREST INTERCRIMENTAL			
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	<del></del>		<del></del>
OR			**************************************
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collateral	eral description, or describe collateral assigned.		
PARTIAL			
Lots 54, according to the Survey of Final Plat of The M	ixed Use Subdivision Inverness High	ilands, as recorded in Man B	ook 34
Page 45 A & B, in the Probate Office of Shelby County			~ · · · · · · · · · · · · · · · · · · ·
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (name of assignor if this is an Assignor	ent). If this is an Amendment authorized by	a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize		•	
9a. ORGANIZATION'S NAME Compace Bank			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			