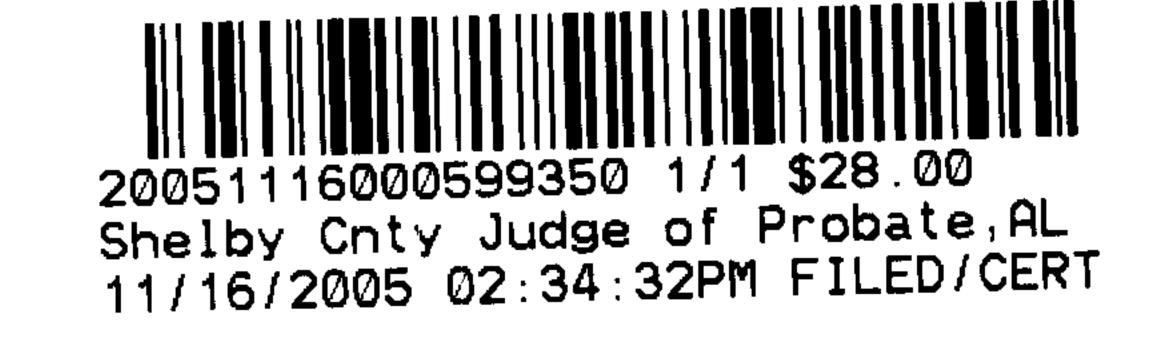


*



UC	CFINANCING	STATEMENTAMENDMEN				
		(front and back) CAREFULLY				
i .		NTACT AT FILER [optional]				
	Ann Moore		+			
B. S	END ACKNOWLEDGM	ENT TO: (Name and Address)				
		1 .				
	Compass Ba					
		dale Road, Suite 101				
	Birminghan	i, Al. 35242				
	•					
			THE ABOVE SPA	CE IS FO	R FILING OFFICE USE O	NI Y
12 11	VITIAL FINANCING STATE	MENT FILE#	INLADOVEOIA		FINANCING STATEMENT AN	
	200407290004220				e filed [for record] (or recorded L ESTATE RECORDS.	
			terminated with respect to escurity intersect(s) of the S			
		ctiveness of the Financing Statement identified above is				
3. L	CONTINUATION: Ef continued for the addition	fectiveness of the Financing Statement identified above nal period provided by applicable law.	e with respect to security interest(s) of the Secured i	Party autho	orizing this Continuation Stater	nent is
4.	ASSIGNMENT (full or	partial): Give name of assignee in item 7a or 7b and ac	dress of assignee in item 7c; and also give name of a	issignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes.						
		ng three boxes and provide appropriate information in ite	ems 6 and/or 7.			
Γ	CHANGE name and/or a name (if name change) is	ddress: Give current record name in item 6a or 6b; also no item 7a or 7b and/or new address (if address change) is	give new DELETE name: Give record name to be deleted in item 6a or 6b.		D name: Complete item 7a or n 7c; also complete items 7d-7	
6. C	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 SI		SUFFIX
7 0						
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME						
OR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX		SUFFIX
70.1	AAU ING ADDDECC		CITY	STATE	POSTAL CODE	COUNTRY
7C. N	MAILING ADDRESS			SIAIL	TOUTAL CODE	
		TADDIL INFO DE 17. TYPE OF OPCANIZATION	74 ILIBICOLOTION OF OPCIANIZATION	70 000	ANIZATIONAL ID #, if any	
/a.	TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	rg. OKG	ANIZATIONAL ID #, II any	
		DEBTOR				NONE
		TERAL CHANGE): check only one box.		-		
D	escribe collateral dele	ted or added, or give entire restated collatera	description, or describe collateral assigned.			
PA	RTIAL					
Lo	ot 4-114, according	g to the Map and Survey of Chelsea Pa	ark, 4th Sector, as recorded in Map	Book 34	4, Page 147 in the Property	obate
Of	fice of Shelby Cou	inty, Alabama.				
		PARTY OF RECORD AUTHORIZING THIS AME	-	-	-	a Debtor which
		uthorizing Debtor, or if this is a Termination authorized b	y a Debtor, check here and enter name of DEB	I OR autho	rizing this Amendment.	
:	9a. ORGANIZATION'S NA					
	Compass Bank					
OR	9b. INDIVIDUAL'S LAST N	IAME	FIRST NAME	MIDDLE	NAME	SUFFIX
10.C	PTIONAL FILER REFEREI	NCE DATA				