



	C FINANCING STATEMENT AMENDMEN					
ومنيو والمراجع	LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]					
Ann Moore						
B. SEND ACKNOWLEDGMENT TO: (Name and Address)						
	Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, Alabama 35242					
			05 IC FO			
1a. l	NITIAL FINANCING STATEMENT FILE #	IHE ABOVE SPA		R FILING OFFICE USE OF		
	20031205000788520		to be	filed [for record] (or recorded LESTATE RECORDS.	d) in the	
2.	TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the S			محدنات حجالا المسالة فعدالا	
3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.						
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name of a	ssignor in i	lem 9.		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.						
<i>A</i>	Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.					
	CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.					
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME					· 	
	Investment Associates, LLC					
OR	·	FIRST NAME	MIDDLE	IAME	SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:						
	7a. ORGANIZATION'S NAME					
OR			· · · · · · · · · · · · · · · · · · ·		T	
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
7c 1	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
10. 1			VIAIL)		
7d.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	NICALE	
8. /	AMENDMENT (COLLATERAL CHANGE): check only one box.			. 	NONE	
	escribe collateral deleted or added, or give entire restated collatera	l description, or describe collateral assigned.				
PA	ARTIAL					
		•				
L	ots 55, 66 & 68, according to the Survey of Final Plat of	The Mixed Use Subdivision Invern	ess Higl	nlands, as recorded in	n Map	
Bo	Book 34, Page 45 A & B, in the Probate Office of Shelby County, Alabama.					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.						
	9a. ORGANIZATION'S NAME					
	Compass Bank					
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
10.	OPTIONAL FILER REFERENCE DATA			<u>ان و و کامان در و با کام بر و کامان میت کامان بیبا کامان می</u> کامان در بازد کامان در بازد کامان در بازد کامان در		