



UCC FINANCING STATEMENT AMENDMEN	T		
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 SPA	ACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEMENT A	
20031205000788520		to be filed [for record] (or records REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	والأوال والتوالي الوزالون الوزاوي والوالي والمناوي المناوي والمناوي والمناوي والمناوي والمناوي والمناوي والمناوي	ر در	
3. CONTINUATION: Effectiveness of the Financing Statement identified abo continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secured	Party authorizing this Continuation State	ement 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 De		ge of these two boxes.	
Also check one of the following three boxes and provide appropriate information in i	tems 6 and/or 7.		or 7h. and also
CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change	o give new DELETE name: Give record name) in item 7c. to be deleted in item 6a or 6b.	e ADD name: Complete item 7a ditem 7c; also complete items 7d	-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	<u></u>		
Investment Associates, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7 CHANCED (NEW) OR ADDED INCORMATION:			
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	· <u>····································</u>		<u></u>
7b. INDIVIDUAL'S LAST NAME.	FIRST NAME	MIDDLE NAME	SUFFIX
	CITY	STATE POSTAL CODE	COUNTRY
7c. MAILING ADDRESS	CITY	OIAIL TOOTAL OOL	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
DEBTOR O ANTRIDATAL (COLLATERAL CHANGE): check colu oco box			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral lassigned.		
Describe conateral production added, or give critical production			
PARTIAL			
Lot 70, according to the Survey of Final Plat of The Mix	red Use Subdivision Inverness High	lands, as recorded in Man B	ook 34.
Page 45 A & B, in the Probate Office of Shelby County,		iailas, as recorded at trup is	, , , , , , , , , , , , , , , , , , ,
rago as recomb, menor recomb critics or critics,			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	FNDMFNT Iname of appliance if this is an Assissme	ent) If this is an Amendment authorized h	v a Dehtor which
9. NAME OF SECURED PARTY OF RECORD ACTIONIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name of DE	BTOR authorizing this Amendment.	
9a. ORGANIZATION'S NAME		<u></u>	<u> </u>
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			