

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	SPACE IS FOR FILING OFFICE	
1a. INITIAL FINANCING STATEMENT FILE # 20040729000422070		1b. This FINANCING STATE to be filed [for record] (or REAL ESTATE RECORD	
2. TERMINATION: Effectiveness of the Financing Statement identified a	above is terminated with respect to security interest(s) o	ونقاوي بالقوي لياقاتها بالمسهار بمسور بمساوبه مستاك السنات	
3. CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law.	ed above with respect to security interest(s) of the Se	cured Party authorizing this Continuati	ion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	b and address of assignee in item 7c; and also give nate	me of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects			
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate informat	formal harming		
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 of	6b; also give new DELETE name: Give record to be deleted in item 6a or 6		tem 7a or 7b, and also tems 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME	T 4 1		
Chelsea Park, Inc. and Chelsea Park Properties,	· 		······································
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7a. ORGANIZATION SINANE			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
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7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATIO		STATE POSTAL CODE 79. ORGANIZATIONAL ID #, i	
		***************************************	fany
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		*******	fany
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	ON 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, i	fany
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.	ON 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, i	fany
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ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE); check only one box. Describe collateral deleted or added, or give entire restated of PARTIAL	ON 7f. JURISDICTION OF ORGANIZATION collateral description, or describe collateral assig	7g. ORGANIZATIONAL ID #, i	fany
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 of PARTIAL Lots 4-10, 4-56, 4-59, 4-75, 4-91 & 4-112, according	on 7f. JURISDICTION OF ORGANIZATION collateral description, or describe collateral assignment and Survey of Chelsea Part of the Map and Survey of Chelsea Part of Chelsea Par	7g. ORGANIZATIONAL ID #, i	f any NONE
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