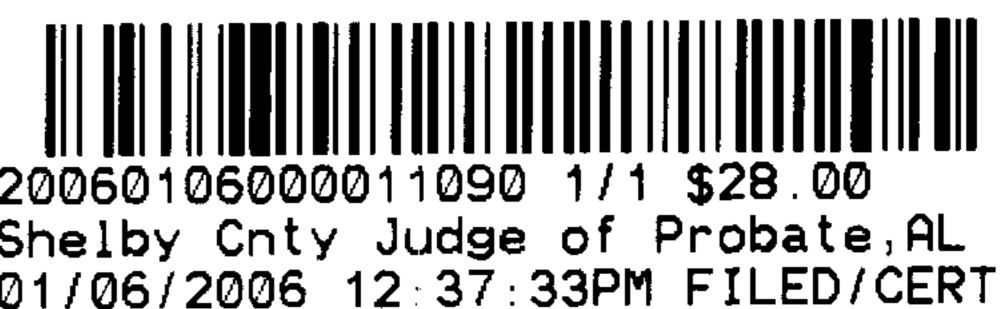
20060 Shelk 01/06
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		_	Cnty Judge of P 2006 12:37:33PM	
UCC FINANCING STATEMENT AMENDMEN				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Compass Bank				
4958 Valleydale Road, Suite 101				
Birmingham, AL 35242				
	THE ABOVE SD	ACE IS EOD EII	INC OFFICE HEE ON	11 V
1a. INITIAL FINANCING STATEMENT FILE #	I HE ABUVE SPA	1b. This FINA	ING OFFICE USE ON NCING STATEMENT AM	ENDMENT is
20050204000058840		to be filed REAL ES	I [for record] (or recorded) TATE RECORDS.) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is				
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secured	i Party authorizing	this Continuation Statem	nent is
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	assignor in item 9).	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb		ne of these two bo)Xes.	
Also check one of the following three boxes and provide appropriate information in its CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)		e	me: Complete item 7a or 7	7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change) 6. CURRENT RECORD INFORMATION:	in item 7c. to be deleted in item 6a or 6b.	item 7c;	also complete items 7d-7g	g (if applicable).
6a. ORGANIZATION'S NAME		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Thornton Construction Company, Inc.				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR 75 INDIVIDUALIS LAST NAME	FIRST NAME	MIDDLE NAMI		SUFFIX
7b. INDIVIDUAL'S LAST NAME		IVIIDDLE INAIVII		JULLIA
7¢. MAILING ADDRESS	CITY	STATE POS	STAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZA	ATIONAL ID #, if any	
DEBTOR				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral	al description, or describe collateral assigned.			
				D1-
Partial Release: Lot 130-A, according to the Resurvey o 35, Page 85 in the Probate Office of Shelby County, Alaba		akes Sector,	as recorded in ivi	ар воок
55, 1 age 65 in the Floodic Office of Shelby County, Alaba	G111G.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized				Debtor which
9a. ORGANIZATION'S NAME				
Compass Bank				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAM		SUFFIX
10 OPTIONAL FILER REFERENCE DATA				