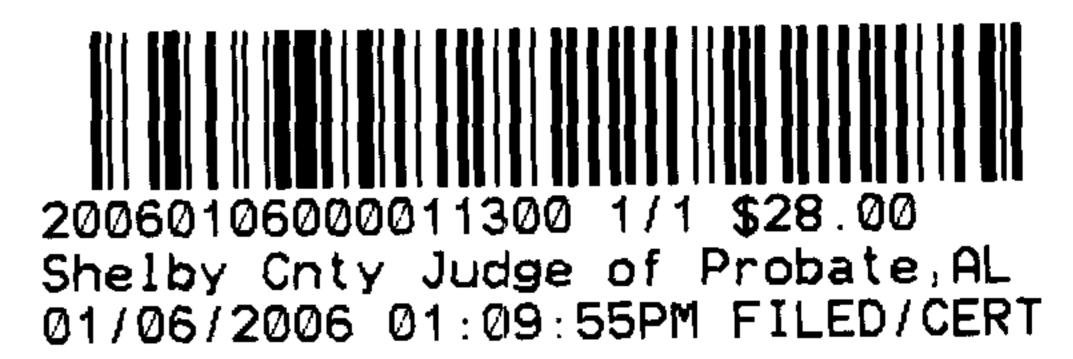
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	CC FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS (front and back) CAREFULLY					
granan	NAME & PHONE OF CONTACT AT FILER [optional]					
	Ann Moore					
B.	SEND ACKNOWLEDGMENT TO: (Name and Address)					
	Compass Bank					
	4958 Valleydale Road, Suite 101					
	Birmingham, Al. 35242					
1a.	INITIAL FINANCING STATEMENT FILE #	THE ABOVE SPA	كتلنيم السيوسي	OR FILING OFFICE USE		
	20031205000788520	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
2.	TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the S				
3.	CONTINUATION: Effectiveness of the Financing Statement identified above					
Magaga	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	assignor in	item 9.		
5. /	AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	tor or Secured Party of record. Check only on	g of these	two boxes.		
	Also check one of the following three boxes and provide appropriate information in ite 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)	give new DELETE name: Give record name to be deleted in item 6a or 6b.	AL	OD name: Complete item 7a dem 7c; also complete items 7d	or 7b, and also I-7g (if applicable).	
	CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME					
	Investment Associates, LLC					
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUI		SUFFIX	
			j			
7. (CHANGED (NEW) OR ADDED INFORMATION:					
	7a. ORGANIZATION'S NAME					
OR		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
7c 1	MAILING ADDRESS	O. T. /	<u> </u>			
70.1	ANTICITAC ADDITICOS	CITY	STATE	POSTAL CODE	COUNTRY	
7d.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	70 ORG	ANIZATIONAL ID #, if any		
	ORGANIZATION DEBTOR		, g. O. C.	ANIZATIONALIO#, II aliy	<u> </u>	
8. A	MENDMENT (COLLATERAL CHANGE): check only one box.				NONE	
	escribe collateral deleted or added, or give entire restated collateral	description, or describe collateral assigned.	•		•	
D.A	TN TNT A T					
PA	ARTIAL					
Lo	ot 35, according to the Survey of Final Plat of The Mixed	d Use Subdivision Inverness Highlan	nds as	recorded in Man Ro	ok 34	
Pa	ge 45 A & B, in the Probate Office of Shelby County, A	labama.	iido, do .	rocordod III Iviap Do	OK JT,	
			•			
9. N	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assignment). If this is	an Amendment authorized by	a Dobtor which	
a	dos collateral or adds the authorizing Debtor, or if this is a Termination authorized by	y a Debtor, check here and enter name of DEBT	OR author	rizing this Amendment.	a Debioi WillCii	
	9a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·			
OR	Compass Bank 9b. INDIVIDUAL'S LAST NAME					
	OD. HADIAIDOUL O LAGI MAIME	FIRST NAME	MIDDLE	NAME	SUFFIX	
10.0	PTIONAL FILER REFERENCE DATA					
. . . ~						