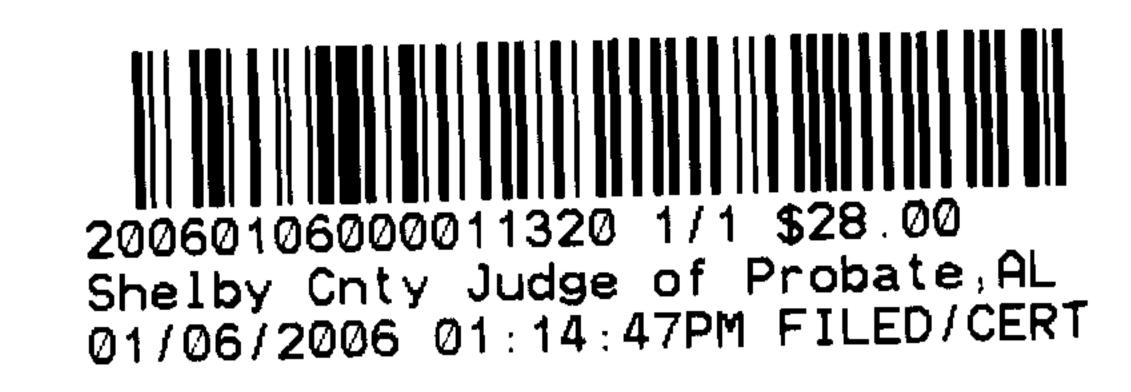
 	<u> </u>	 	



OLLOW INSTRUCTIONS (front and back) CAREFULLY N. NAME & PHONE OF CONTACT AT FILER [optional]			
Ann Moore			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, Al. 35242			
	THE ABO	VE SPACE IS FOR FILING OFFIC	E USE ONLY
a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STAT	EMENT AMENDMENT is
20031205000788520		to be filed [for record] (REAL ESTATE RECOR	or recorded) in the RDS.
TERMINATION: Effectiveness of the Financing Statement identified ab	ove is terminated with respect to security interest(s) of the Secured Party authorizing this T	emination Statement.
. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security interest(s) of the	Secured Party authorizing this Continua	ation Statement is
. 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.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor of Secured Party of record. Chec	k only one of these two boxes.	
Also check one of the following three boxes and provide appropriate information		ord name	item 7a or 7h, and also
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address change)	b; also give new DELETE name: Give reconnange) in item 7c. to be deleted in item 6a o		items 7d-7g (if applicable)
. CURRENT RECORD INFORMATION:			
C- ODOANIZATIONIC NIANE			
6a. ORGANIZATION'S NAME Investment Associates IIIC			
Investment Associates. LLC	FIRST NAME	MIDDLE NAME	SUFFIX
Investment Associates. LLC 6b. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION:	FIRST NAME	MIDDLE NAME	SUFFIX
Investment Associates. LLC 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Investment Associates. LLC 6b. INDIVIDUAL'S LAST NAME C. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
Investment Associates. LLC 6b. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME CITY	MIDDLE NAME	SUFFIX
Investment Associates. LLC 6b. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME CITY N 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #	SUFFIX COUNTRY
Investment Associates. LLC 6b. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral restated c	FIRST NAME CITY N 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #	SUFFIX COUNTRY
Investment Associates. LLC 6b. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME CITY N 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #	SUFFIX COUNTRY
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