



|  |   |  |                       |   | Ø17               | 2572000 02.01.02.   |                                      |  |
|--|---|--|-----------------------|---|-------------------|---|--------------------------------------|--|
|  | C EINIANCING S                                    | TATEMENTAMENDMEN   | <b>T</b>              |   |                   |   |                                      |  |
|  |   | ont and back) CAREFULLY  | <b>\$</b>             |   |                   |   |                                      |  |
|  |   | ACT AT FILER [optional]  |                       |   |                   |   |                                      |  |
|  | Ann Moore   |  |                       |   |                   |   |                                      |  |
| B. S                                   | END ACKNOWLEDGMEN                                 | IT TO: (Name and Address)  | +                     |   |                   |   |                                      |  |
|  |   |  |                       |   |                   |   |                                      |  |
|  | Compass Banl                                      |  | 1                     |   |                   |   |                                      |  |
|  |   | le Road, Suite 101   |                       |   |                   |   |                                      |  |
|  | Birmingham,                                       | A1. 33242  |                       |   |                   |   |                                      |  |
|  |   |  |                       |   |                   |   |                                      |  |
|  |   |  |                       |   |                   |   |                                      |  |
|  |   |  |                       |   |                   |   |                                      |  |
|  |   |  |                       | THE ABOVE SPA   |                   | R FILING OFFICE USE   |                                      |  |
| 1a. INITIAL FINANCING STATEMENT FILE # |   |  |                       |   |                   | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the |                                      |  |
| 20040729000422070                      |   |  |                       |   |                   | to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.                      |                                      |  |
|  | <u>}</u>  | eness of the Financing Statement identified above is   | ·<br>                 |   |                   |   |                                      |  |
| 3                                      | CONTINUATION: Effect continued for the additional | iveness of the Financing Statement identified above period provided by applicable law.                     | e with respect to se  | curity interest(s) of the Secured                         | Party auth        | orizing this Continuation Stat  | ement is                             |  |
| 4.                                     | ASSIGNMENT (full or pa                            | rtial): Give name of assignee in item 7a or 7b and a   | ddress of assignee i  | n item 7c; and also give name of                          | assignor in       | item 9.   |                                      |  |
| 5. A                                   | MENDMENT (PARTY INF                               | ORMATION): This Amendment affects Deb  | tor or Secure         | Party of record. Check only or                            | g of these        | two boxes.  |                                      |  |
|  | <del></del>                                       | hree boxes <u>and</u> provide appropriate information in its   |                       | El ETE como China social como                             | . <b>2009</b> A 1 | 3D sanas Casalata Hasa Za :   | <b>7</b> h                           |  |
|  | name (if name change) in its                      | ess: Give current record name in item 6a or 6b; also<br>em 7a or 7b and/or new address (if address change) | in item 7c.           | ELETE name: Give record name be deleted in item 6a or 6b. | e Ai              | OD name: Complete item 7a on 7c; also complete items 7c                                 | or 75, and also<br>I-7g (if applicab |  |
| -                                      | URRENT RECORD INFOR                               |  |                       |   |                   |   |                                      |  |
|  | 6a. ORGANIZATION'S NAME<br>C'helsea Park Inc      | and Chelsea Park Properties, Ltd.  |                       |   |                   |   |                                      |  |
| OR                                     | 6b. INDIVIDUAL'S LAST NAM                         | •  | FIRST NAME            |   | MIDDLE            | MIDDLE NAME   |                                      |  |
|  | OD, HIDITIDIQAL O LAGI HAR                        |  |                       |   | 1411000           |   | SUFFIX                               |  |
| 7 0                                    |   |  |                       |   |                   |   |                                      |  |
| ,                                      | HANGED (NEW) OR ADDE                              |  | <del></del>           | <del></del>   | <del></del>       | <del> </del>  | <del> </del>                         |  |
|  |   |  |                       |   |                   |   |                                      |  |
| OR                                     | 7b. INDIVIDUAL'S LAST NAM                         | IE   | FIRST NAME            | <del></del>   | MIDDLE            | NAME  | SUFFIX                               |  |
|  |   |  |                       |   |                   |   |                                      |  |
| 7c. N                                  | AILING ADDRESS                                    | · <del></del>  | CITY                  | <del></del>   | STATE             | POSTAL CODE   | COUNTRY                              |  |
|  |   |  |                       |   |                   |   |                                      |  |
| 7d.                                    | 1   | D'L INFO RE 7e. TYPE OF ORGANIZATION   | 7f. JURISDICTIO       | OFORGANIZATION  | 7g. ORG           | ANIZATIONAL ID #, if any  |                                      |  |
|  | 1   | RGANIZATION 'EBTOR   |                       |   |                   |   | NO                                   |  |
| 8. A                                   | MENDMENT (COLLATER                                | RAL CHANGE): check only one box.   |                       |   |                   |   |                                      |  |
| D                                      | escribe collateral deleted                        | or added, or give entire restated collatera  | Il description, or de | scribe collateral assigned.                               |                   |   |                                      |  |
|  |   |  |                       |   |                   |   |                                      |  |
| PA                                     | RTIAL   |  |                       |   |                   |   |                                      |  |
|  |   |  |                       |   |                   |   |                                      |  |
| Ι.                                     | ts 4-62 according to                              | the Map and Survey of Chelsea P  | ark 4th Secto         | r as recorded in Man                                      | Book 3            | A Page 147 in the F   | rohate                               |  |
| _                                      | fice of Shelby Count                              |  | ark, Thi Socio        | i, as recorded in iviap                                   | DOOK              | r, rago ray mi ano r  | Tobate                               |  |
|  |   | ,, , = ================================  |                       |   |                   |   |                                      |  |
|  |   |  |                       |   |                   |   |                                      |  |
|  |   |  |                       |   |                   |   |                                      |  |
|  |   |  |                       |   |                   |   |                                      |  |
| <del></del>                            |   |  |                       |   |                   |   |                                      |  |
|  |   | RTY OF RECORD AUTHORIZING THIS AME<br>orizing Debtor, or if this is a Termination authorized to            |                       |   | _                 | •   | y a Debtor whic                      |  |
|  | 9a. ORGANIZATION'S NAME                           |  |                       |   |                   |   | <del></del>                          |  |
|  | Compass Bank                                      |  |                       |   |                   |   |                                      |  |
| OR                                     | 9b. INDIVIDUAL'S LAST NAM                         | <del> </del>   | FIRST NAME            |   | MIDDLE            | NAME  | SUFFIX                               |  |
|  |   |  |                       |   |                   |   |                                      |  |
| 10 O                                   | PTIONAL FILER REFERENCE                           | DATA   |                       |   |                   |   |                                      |  |
| ₹                                      |   |  |                       |   |                   |   |                                      |  |