


OLLOW INSTRUCTIONS (front and back) CA	REFULLY					
A. NAME & PHONE OF CONTACT AT FILER [d Ann Moore	optional]					
B. SEND ACKNOWLEDGMENT TO: (Name an	nd Address)					
• • • • • • • • • • • • • • • • • • •						
		•				
Compass Bank						
4859 Valleydale Road Birmingham, Al. 3524						
Diffininguali, At. 332	T 2					
			THE ABOVE SPA	_	R FILING OFFICE USE	·
1a. INITIAL FINANCING STATEMENT FILE # 20040729000422076					FINANCING STATEMENT A e filed [for record] (or record L ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financi	ing Statement identified above is t	erminated with res	pect to security interest(s) of the S			
3. CONTINUATION: Effectiveness of the Fina			· 		_	
continued for the additional period provided by	applicable law.					
ASSIGNMENT (full or partial): Give name of	f assignee in item 7a or 7b and ad	dress of assignee	in item 7c; and also give name of	assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): Th		*****	d Party of record. Check only or	g of these t	wo boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> proved the following three boxes and proved the following three boxes are considered to the following three boxes and proved the following three boxes are considered to the following t			DELETE name: Give record name	- [""] Δ[]	D name: Complete item 7a /	nr 7h and also
CHANGE name and/or address: Give current re name (if name change) in item 7a or 7b and/or r	new address (if address change) is	n item 7c.	o be deleted in item 6a or 6b.	ite	D name: Complete item 7a on 7c; also complete items 7d	-7g (if applicable).
6a. ORGANIZATION'S NAME	·-·	 				
Chelsea Park, Inc. and Chelsea Pa	ark Properties, Ltd.					
R 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	MIDDLE NAME	
7. CHANGED (NEW) OR ADDED INFORMATION:	•					
7a. ORGANIZATION'S NAME						
 				IMIDDLE	NAME	SUFFIX
)R 7b. INDIVIDUAL'S LAST NAME		FIRST NAME		INHUULE	1 477141E	
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE		
7b. INDIVIDUAL'S LAST NAME		FIRST NAME CITY		STATE	POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME						COUNTRY
7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e.	TYPE OF ORGANIZATION	CITY	N OF ORGANIZATION	STATE		COUNTRY
7b. INDIVIDUAL'S LAST NAME 'c. MAILING ADDRESS	TYPE OF ORGANIZATION	CITY	N OF ORGANIZATION	STATE	POSTAL CODE	COUNTRY
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): c	heck only <u>one</u> box.	CITY 7f. JURISDICTIC		STATE 7g. ORG	POSTAL CODE	
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7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): c Describe collateral deleted or added, or PARTIAL Lots 3-67 & 3-69, according to the 1	check only one box. give entire restated collateral	7f. JURISDICTIC	escribe collateral assigned.	7g. ORG	POSTAL CODE ANIZATIONAL ID #, if any	NCNE
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