



, —		STATEMENT AMENDMEN (front and back) CAREFULLY					
A.	NAME & PHONE OF C	ONTACT AT FILER [optional]					
ļ	Ann Moore	* 					
В. 3	SEND ACKNOWLEDG	MENT TO: (Name and Address)					
	Compass B	ank					
	4	ydale Road, Suite 101					
	•	n, Al. 35242					
	}						
			-	THE ABOVE SE	ACE IS E/	NO EU INIC ACCIDE UI	SE ONL V
1a.	INITIAL FINANCING STAT	EMENT FILE#		INCABOVESP		S FINANCING STATEME	
	20040604000298370				to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
2. TERMINATION: Effectiveness of the Financing Statement identified above is to			s terminated with	terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.			
3.		ffectiveness of the Financing Statement identified abo	ve with respect	to security interest(s) of the Secure	d Party auth	orizing this Continuation	Statement is
,	continued for the additi	onal period provided by applicable law.					
4.	ASSIGNMENT (full o	r partial): Give name of assignee in item 7a or 7b and	address of assig	nee in item 7c; and also give name o	f assignor in	item 9.	
5. /	AMENDMENT (PARTY	INFORMATION): This Amendment affects De	btor or Se	cured Party of record. Check only of	വള of these	two boxes.	
		ing three boxes <u>and</u> provide appropriate information in i					
	name (if name change)	address: Give current record name in item 6a or 6b; als in item 7a or 7b and/or new address (if address change	o give new) in item 7c.	DELETE name: Give record nan to be deleted in item 6a or 6b.	ite A	DD name: Complete item m 7c; also complete item	/a or /b, and also s 7d-7g (if applicable)
6. (CURRENT RECORD INF		· · · · · · · · · · · · · · · · · · ·				
		ghalnd Lakes, Ltd.					
	6b. INDIVIDUAL'S LAST		FIRST NAME	FIRST NAME		MIDDLE NAME	
			I II (O) IVAIVIL		14110000	1 ALMAICT	SUFFIX
2002/0 /	CHANGED (NEW) OR A						
7. (7a. ORGANIZATION'S NA						
OR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		NAME	SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION		7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any		y	
		DEBTOR					NONE
	•	TERAL CHANGE): check only one box.		*******			
L.	escribe collateral dele	ted or added, or give entire restated collater	al description, o	r describe collateral assigned.			
Ų.	ARTIAL						
PA		according to the Map and Survey of	The Village	e at Highland Lakes, Sect	or One,	an Eddleman Cor	nmunity, as
PA	ots 11, 21 and 22,	according to the Map and Survey of took 36, Page 95 A-E, in the Office of t	The Village he Judge o	e at Highland Lakes, Sector of Probate of Shelby Cour	or One, ity, Alab	an Eddleman Cor ama.	nmunity, as
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P.A.	ots 11, 21 and 22, corded in Map Books 11, 21 and 22, and Books an	PARTY OF RECORD AUTHORIZING THIS AMI uthorizing Debtor, or if this is a Termination authorized IME	he Judge of ENDMENT (na	f Probate of Shelby Cour	nt). If this is	an Amendment authorize orizing this Amendment.	