

OLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Compass Bank				
4958 Valleydale Road				
Suite 101				
Birmingham, AL 35242-4614				
	THE A	BOVE SPACE IS	FOR FILING OFFICE	E USE ONLY
a. INITIAL FINANCING STATEMENT FILE # 20050204000058840			This FINANCING STATE to be filed [for record] (or	
TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interes	<u></u>	REAL ESTATE RECORD	DS.
CONTINUATION: Effectiveness of the Financing Statement identified ab				
continued for the additional period provided by applicable law.				
. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and				
AMENDMENT (PARTY INFORMATION): This Amendment affects Department of the following three boxes and provide appropriate information in	ebtor or Secured Party of record. Ch	neck only <u>one</u> of the	ese two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; al name (if name change) in item 7a or 7b and/or new address (if address change)	so give new DELETE name: Give	record name	ADD name: Complete it	tem 7a or 7b, and also
CURRENT RECORD INFORMATION:	e) in item 7c to be deleted in item 6	a or ob.	item 7c; also complete i	tems /u-/g (if applicable
6a. ORGANIZATION'S NAME  Thomston Construction Commons. Inc.				
Thornton Construction Company, Inc.  6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDI	DLE NAME	SUFFIX
	I IIXO I IAXIVIL		AFF (AL)IAIF	SUPPIX
				<b>.</b>
. CHANGED (NEW) OR ADDED INFORMATION:				
. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME				
	IFIRST NAME	MIDI	DLE NAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME	MID	DLE NAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME CITY	MIDI		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME		STA		COUNTRY
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  c. MAILING ADDRESS  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	CITY	STA	TE POSTAL CODE	COUNTRY
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  c. MAILING ADDRESS  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	STATE OF THE STATE	TE POSTAL CODE	COUNTRY
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  c. MAILING ADDRESS  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    . AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collate	7f. JURISDICTION OF ORGANIZATION or describe collateral	N 7g. C	TE POSTAL CODE  ORGANIZATIONAL ID #, i	f any NON
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  c. MAILING ADDRESS  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral   Partial Release: Lot 56, 66, 67, 69, 71, 95, 107, 109, and	7f. JURISDICTION OF ORGANIZATION or describe collateral 127, according to the subdiv	assigned.	TE POSTAL CODE  ORGANIZATIONAL ID #, i	fany Sector 1, as
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  c. MAILING ADDRESS  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    . AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collate	7f. JURISDICTION OF ORGANIZATION or describe collateral 127, according to the subdiv	assigned.	TE POSTAL CODE  ORGANIZATIONAL ID #, i	fany NON
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7b. INDIVIDUAL'S LAST NAME  c. MAILING ADDRESS  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    . AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collate    Partial Release: Lot 56, 66, 67, 69, 71, 95, 107, 109, and recorded in Map Book 34, Page 85, in the Probate Office	7f. JURISDICTION OF ORGANIZATION or describe collateral 127, according to the subdive of Shelby County, Alabama,	assigned.  vision plat of being situate	RGANIZATIONAL ID #, i	country  f any  Sector 1, as  nty, Alabama.
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  c. MAILING ADDRESS  d. TAX ID #: SSN OR EIN ORGANIZATION	oral description, or describe collateral  127, according to the subdive of Shelby County, Alabama,	assigned.  vision plat of being situated assignment). If the	POSTAL CODE ORGANIZATIONAL ID #, in Holland Lakes, Sed in Shelby Country is is an Amendment authority	country  fany  Non  Sector 1, as  nty, Alabama.
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