

	NCING STATEMENT AMENDN	1ENT					
	JCTIONS (front and back) CAREFULLY		· · ,				
	NE OF CONTACT AT FILER [optional]						
Ann Moor							
B. SEND ACKNO	DWLEDGMENT TO: (Name and Address)						
Con	npass Bank						
495	8 Valleydale Road, Suite 101						
Birr	ningham, Ala. 35242						
			THE AROVE SPA	CE IS FOR	FILING OFFICE USE O	NIV	
1a INITIAL FINANC	CING STATEMENT FILE #				INANCING STATEMENT A		
	000298370						
	ILI REAL ESTATE RECURDS.						
2. IERMINA	TION: Effectiveness of the Financing Statement identified	above is terminated with respect to	security interest(s) of the So	ecured Party	authorizing this Termination	Statement.	
3. CONTINUA continued for	ATION: Effectiveness of the Financing Statement identition that the additional period provided by applicable law.	fied above with respect to security	interest(s) of the Secured i	Party authoriz	zing this Continuation State	ment is	
4. ASSIGNM	ENT (full or partial): Give name of assignee in item 7a or	7b and address of assignee in item	7c; and also give name of a	assignor in ite	m 9.		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.							
· · · · · · · · · · · · · · · · · · ·							
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new							
CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.   DELETE name: Give record name   ADD name: Complete item 7a or 7b, and also to be deleted in item 6a or 6b.   item 7c; also complete items 7d-7g (if applicable).							
6. CURRENT RECORD INFORMATION:							
6a. ORGANIZATION'S NAME							
The Vi	llage at Highland Lakes, Ltd.						
OR 6b. INDIVIDUA	AL'S LAST NAME	FIRST NAME	FIRST NAME		MIDDLE NAME SUFFIX		
7 011441055							
7. CHANGED (NEW) OR ADDED INFORMATION:    Ta. ORGANIZATION'S NAME     Ta. ORGANIZATION'S NAME							
7a. ORGANIZ	AHON'S NAME						
OR							
7b. INDIVIDUA	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		
7c. MAILING ADDRESS		CITY	CITY		STATE POSTAL CODE		
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION		ON 7f JURISDICTION OF	7f. JURISDICTION OF ORGANIZATION		IIZATIONAL ID #, if any		
ORGANIZATION		11.001.001.01	THE CONTROL OF CONTROL		ILATIONAL ID #, # Billy		
	DEBTOR					NONE	
	(COLLATERAL CHANGE): check only one box.						
Describe collate	ral deleted or added, or give entire restated	collateral description, or describe	collateral assigned.				
Lots 7, 8, 9 and 10, according to the Amended Map of The Village at Highland Lakes, Sector One, an							
PARTIAL	Eddleman Community so recorded in Mon	Map of The Village at Hi	ghland Lakes, Sector (	One, an			
PARTIAL Eddleman Community, as recorded in Map Book 37, Page 73 A-E, in the Office of the Judge of Probate of Shelby County, Alabama.							
Together with nonexclusive easement to use the private roadways, Common Areas all as more							
particularly described in the Declaration of Easements and Master Protective Covenants for The							
vuiage at mignianu Lakes, a Kesidentiai Subdivision, recorded as Instrument No							
20060421000186650 in the Probate Office of Shelby County, Alabama, and the Declaration of							
Covenants, Conditions and Restrictions for The Village at Highland Lakes, a Residential							
Subdivision, Sector One, recorded as Instrument No. 20060421000186670, in the Probate Office of							
Shelby County, Alabama (which, together with all amendments thereto, is hereinafter collectively							
	referred to as, the "Declaration").						
9. NAME OF SE	CURED PARTY OF RECORD AUTHORIZING TH	IS AMENDMENT (name of assi	gnor, if this is an Assignmen	t). If this is a	n Amendment authorized by	a Debtor which	
adds collateral o	r adds the authorizing Debtor, or if this is a Termination au	thorized by a Debtor, check here	and enter name of DEB1	ΓOR authoriz	ing this Amendment.		
9a. ORGANIZ	ATION'S NAME	<del>- · · · · · · · · · · · · · · · · · · ·</del>				<del></del>	
Compa	ss Bank						
OR 9b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME SUF		
					SUF		
10. OPTIONAL FILE	R REFERENCE DATA						