



UC	C FINANCING STATEMENT AMENDMENT					
وبيهامان	LOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional]						
Ann Moore						
B. SEND ACKNOWLEDGMENT TO: (Name and Address)						
	Compass Bank					
	4958 Valleydale Road, Suite 101					
	Birmingham, Al. 35242					
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12	NITIAL FINANCING STATEMENT FILE #	THE ABOVE SPA	الأسلم السياسي السياسي	R FILING OFFICE USE C	سي بالنواس بين السبية السبية	
	2001/50616	I .	FINANCING STATEMENT A e filed [for record] (or recorde			
			to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
2.	TERMINATION: Effectiveness of the Financing Statement identified above is to	erminated with respect to security interest(s) of the S	ecured Par	ty authorizing this Termination	Statement.	
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to security interest(s) of the Secured	Party author	orizing this Continuation State	ement is	
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and add	dress of assignee in item 7c; and also give name of a	essignor in	item 9.		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of 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 [77] DELETE name: Give record name [77] ADD name: Complete item 7a or 7b, and also						
name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. 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						
Eddleman Properties, Inc.						
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
7. 0	CHANGED (NEW) OR ADDED INFORMATION:		<u> </u>			
!	7a. ORGANIZATION'S NAME		- 			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
7c. N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
			SIAIL	POSTALCODE	CODIVIA	
·			 +			
/a.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any		
	DEBTOR				NONE	
8. A	MENDMENT (COLLATERAL CHANGE): check only one box.					
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.						
PA	RTIAL					
	nit 52 in Courtside at Brook Highland, a condominium, as	s established by that certain Declara	tion of	Condominium of Co	nurteide at	
Brook Highland, a condominium, which is recorded as Instrument Number 20020521000241450 in the Probate office of Shelby County, Alabama, as amended by the Amendment therto recorded as Instrument Number 20020521000241460 in said Brobate						
County, Alabama, as amended by the Amendment therto recorded as Instrument Number 20020521000241460 in said Probate Office and as further amended by the Corrective Amendment recorded as Instrument Number 20020521000241470 in said Probate						
Office and as further amdeded by the Corrective Amendment recorded as Instrument Number 20020521000241470 in said Probate						
Office and as reflected in the Plan of Courtside at Brook Highland prepared by K.B. Weygand & Associates, P.C. which is attached as Exhibit C to the Declaration of Condominium recorded as Instrument Newsber 20020521000241450						
as Exhibit C to the Declaration of Condominium recorded as Instrument Number 20020521000241450 and which is also separately						
recorded in Map Book 28, page 103 in said Probate Office.						
O N						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.						
9a. ORGANIZATION'S NAME						
OR	Compass Bank					
, -	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
			 			
10.0	PTIONAL FILER REFERENCE DATA				***************************************	
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