



UCC FINANCING STATEMENT AMENDMEN				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	- ####################################			
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Cathy Padgett: 297-4293				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Common Donle				
Compass Bank				
4958 Valleydale Road, Suite 101 Birmingham, AL 35242-4614				
Diffingham, AL 33242-4014				
	THE ABOVE SPA		R FILING OFFICE USI	
1a. INITIAL FINANCING STATEMENT FILE #			FINANCING STATEMENT e filed (for record) (or reco	
20060112000020040		RE/	e filed [for record] (or reco AL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the	Secured Par	ty authorizing this Terminat	tion Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified abortional continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secured	Party author	orizing this Continuation St	tatement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name of	assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Del	btor or Secured Party of record. Check only or	ne of these	wo boxes.	
Also check one of the following three boxes and provide appropriate information in i	tems 6 and/or 7.			
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	b give new DELETE name: Give record name to be deleted in item 6a or 6b.		D name: Complete item 7 m 7c; also complete items	
6. CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
Thornton Construction Co., Inc. and Holland Lakes, In	C.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				<del></del>
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				
Describe collateral deleted or added, or give entire restated collater	al description, or describe collateral assigned.			
Partial Release: Lots 150 & 165, according to the Final P	lat Holland Lakes, Sector 2, Phase 2	2, as rec	orded in Map Boo	k 36, Page
55, in the Probate Office of Shelby Coun				
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM				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 DEt	o i Or autho	mzing inis Amendment.	<del>,</del>
9a. ORGANIZATION'S NAME				
Compass Bank		TAUDOLE	NIA NAC	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAIVIE	SUFFIX
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