

UCC FINANCING STATEMENT AMENDMEN	St	20070402000147090 1/1 \$28.00 Shelby Cnty Judge of Probate,AL 04/02/2007 11:44:21AM FILED/CERT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]					
Susan Rixey 205-297-3083					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Compass Bank					
4958 Valleydale Road Ste 101					
Hoover, AL 35242-4614					
1100 vc1, AL 332424014					
	THE ABOVE SI	PACE IS FO	R FILING OFFICE USE	ONI Y	
1a. INITIAL FINANCING STATEMENT FILE #		1b. This	FINANCING STATEMENT	AMENDMENT is	
20070223000084990		To b	to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of the	e Secured Par	ty authorizing this Terminatio	n Statement.	
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Securi	ed Party author	orizing this Continuation Stat	tement is	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name	of assignor in	item 9		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De					
Also check one of the following three boxes and provide appropriate information in					
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)	so give new DELETE name: Give record na to be deleted in item 6a or 6b.	me All ite	DD name: Complete item 7a m 7c; also complete items 7c	or 7b, and also d-7g (if applicable)	
6. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
Highland Lakes Homes, LLC					
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
70 MAILING ADDECC	CITY	STATE	POSTAL CODE	COUNTRY	
7c. MAILING ADDRESS	1			j	
	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any		
	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	NONE	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only one box.			ANIZATIONAL ID #, if any	NONI	
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