



	LOW INSTRUCTIONS (front and back) CAREFULLY					
	NAME & PHONE OF CONTACT AT FILER [optional]  JSAN RIXEY					
	SEND ACKNOWLEDGMENT TO: (Name and Address)					
	COMPASS BANK					
	4958 VALLEYDALE ROAD					
	SUITE 101					
	HOOVER, AL 35242-4614					
		_				
			THE ABOVE SPA	<u> </u>	R FILING OFFICE USE	
	NITIAL FINANCING STATEMENT FILE # 20070223000084990				FINANCING STATEMENT A filed (for record) (or records	
2.	TERMINATION: Effectiveness of the Financing Statement identified above is	e terminated with reer	act to eacurity interact(s) of the S		L ESTATE RECORDS.	n Statement
-	CONTINUATION: Effectiveness of the Financing Statement identified above in				- 	
" L	continued for the additional period provided by applicable law.	ve with respect to se	cully interest(s) of the Secured i	anty autilio	HZING THIS COMMINGATION STATE	ement is
1.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee i	n item 7c; and also give name of a	ssignor in i	tem 9.	<del></del>
	<u> Proposes con construction de la construction de l</u>		Party of record. Check only one			<del></del>
	انست Iso check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i	Second .				
	CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change	o give new Do to	ELETE name: Give record name be deleted in item 6a or 6b.		Diname: Complete item 7a d n 7c; also complete items 7d	
S. C	URRENT RECORD INFORMATION:					
	6a. ORGANIZATION'S NAME	4 D1 TT' . 1. 1 .	. 1 T -1 TT TS - 1	TT	1 D	- <del>-</del>
	Eddleman Homes, Courtside Development, Dunnavan		nd Lakes Homes, Park	<del> </del>	<del></del>	
,,,	6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAME	SUFFIX
	HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME					
	ra. Ortonalentorio antic					
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAME	SUFFIX
7c. N	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
'd.	TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION	OFORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	Пиом
}. A	MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.			<u>.</u>		
D	escribe collateral 🗸 deleted or 🔲 added, or give entire 🔲 restated collater	al description, or des	scribe collateral assigned.			
_						_
(Pa	artial Release) Lot 19, according to The Village at High		_	od, as r	ecorded in Map Bo	ok 37,
	ge 130, in the Office of the Judge of Probate of Shelby	County, Alaba	ıma.			
Pa	AME OF SECTION DADTY OF DECOMM AUTHODIZING THE ANA			\ I&Ab.:- '		
Pa	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	-		•	-	y a Debtor which
Pa Pa		-		•	-	y a Debtor which
Pa Pa	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized	-		•	-	y a Debtor which
Pa Pa	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	-		•	izing this Amendment.	y a Debtor which