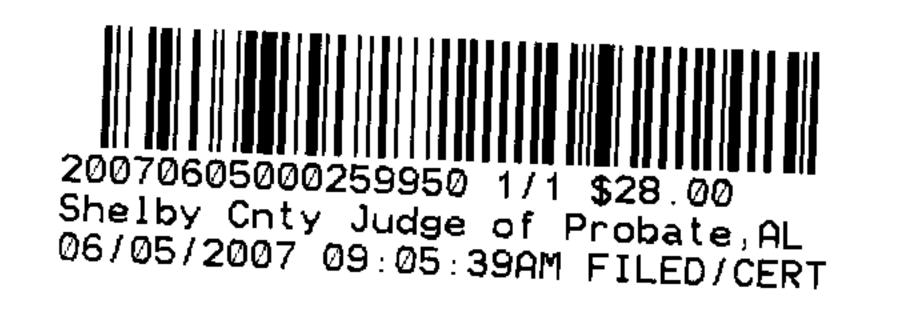
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<u> </u>	 	



	C FINANCING STATEMENT AMENDMEN OW INSTRUCTIONS (front and back) CAREFULLY				
Α. Ν	NAME & PHONE OF CONTACT AT FILER [optional]  Ann Moore				
B. S	END ACKNOWLEDGMENT TO: (Name and Address)				
	Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, Al. 35242				
		THE ABOVE SPA	CE IS EC	OR FILING OFFICE USE C	NI Y
1a. II	VITIAL FINANCING STATEMENT FILE #	INCABOVE SPA		s FINANCING STATEMENT A	
•	20061229000637720	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 S	ecured Pa	rty authorizing this Termination	Statement.
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secured	Party auth	orizing this Continuation State	ement is
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name of	assignor in	item 9.	
5. A	MENDMENT (PARTY INFORMATION): This Amendment affects Deb	otor or Secured Party of record. Check only one	e of these	two boxes.	
	Iso check one of the following three boxes and provide appropriate information in its		F A (	3D Clete Here 7e e	a. 7h. oad oloo
	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)	give new DELETE name: Give record name in item 7c. to be deleted in item 6a or 6b.		DD name: Complete item 7a c m 7c; also complete items 7d	
	URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				<del></del>
	The Village at Highland Lakes Improvement District	t			
OR		FIRST NAME	MIDDLE	NAME	SUFFIX
7. 0	HANGED (NEW) OR ADDED INFORMATION:			· · · · · · · · · · · · · · · · · · ·	i
	7a. ORGANIZATION'S NAME				
OR					
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
			OTATE	DOCTAL CODE	COUNTRY
7¢. N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COONTRI
7d.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORG	SANIZATIONAL ID #, if any	NONE
8. A	MENDMENT (COLLATERAL CHANGE): check only one box.				
	escribe collateral deleted or added, or give entire restated collatera	al description, or describe collateral assigned.			
	ARTIAL: Lot 621, according to the Village at Highlar 0, in the Office of the Judge of Probate of Shelby Count	——————————————————————————————————————	d, as re	corded in Map Book	37, Page
De as Co 20	eclaration of Easements and Master Protective Covenant Instrument No. 20060421000186650 in the Probate Official Indicates and Restrictions for The Village at Highland L 070223000084910, in the Probate Office of Shelby Coullectively referred to as, the "Declaration")	ts for The Village at Highland Lakes fice of Shelby County, Alabama, and Lakes, a Residential Subdivision, Sec	tor On	idential Subdivision eclaration of Covena e, recorded as Instru	nts, ment No.
	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME		•		a Debtor which
	9a. ORGANIZATION'S NAME				
OR	Compass Bank	CIDOT MANAGE	THIND	- KIANAT	Toures
-11	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
40.0	OTIONAL EN ED DECEDENCE DATA				
10.5	OPTIONAL FILER REFERENCE DATA				