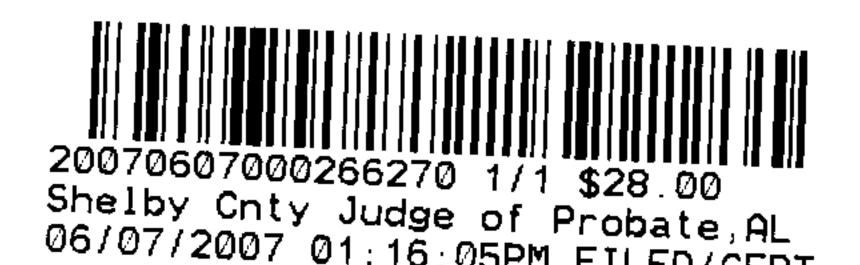
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- IIVAIV LIIV	G STATEMENT AMENDMEN	IT		
DLLOW INSTRUCTION	S (front and back) CAREFULLY			
. NAME & PHONE OF	CONTACT AT FILER [optional]			
Ann Moore	NATAIT TO: (Nome and Address)	<u> </u>		
. SEND ACKNOWLEDG	SMENT TO: (Name and Address)			
Compass	Bank			
4958 Valle	eydale Road, Suite 101			
Birmingha	am, Al. 35242			
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		THE ABOV	TE SPACE IS FOR FILING OFFI	
a. INITIAL FINANCING STA	TEMENT FILE #		to be filed [for record]	(or recorded) in the
2001-50616	ffectiveness of the Financing Statement identified above	is terminated with respect to security interest(s)		
TERMINATION: E	ffectiveness of the Financing Statement identified above	as with respect to security interest(s) of the S	Secured Party authorizing this Contin	uation Statement is
CONTINUATION:	Effectiveness of the Financing Statement identified abditional period provided by applicable law.	OVB WITH TESPECT to Security interest(s) or the c		
	ll or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give r	name of assignor in item 9.	
	TY INFORMATION): This Amendment affects	ebtor or Secured Party of record. Check	only <u>one</u> of these two boxes.	
Also check one of the following	lowing three boxes and provide appropriate information in	items 6 and/or 7.		u. u. a. 7- or 7h, and also
	or address: Give current record name in item 6a or 6b; alle) in item 7a or 7b and/or new address (if address chang	Iso give new [""] DELETE name: Give reco		ete item 7a or 7b, and also ete items 7d-7g (if applicable).
6. CURRENT RECORD I				
6a. ORGANIZATION'S	NAME			
1	operties, Inc.	TOTAL ALE	MIDDLE NAME	SUFFIX
6b. INDIVIDUAL'S LAS	ST NAME	FIRST NAME		
	ADDED INFORMATION:		······································	<u> </u>
7a. ORGANIZATION'S	NAME			
OR 7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS		CITY	STATE POSTAL COD	COUNTRY
• •			O D C A NUZ A TIONAL II	7 # if any
		7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL II	J#, if any
7d. TAX ID #: SSN OR E	IN ADD'L INFO RE 7e. TYPE OF ORGANIZATION			[7]
7d. TAX ID #: SSN OR E	IN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR			NONE
O ANAMANDIAMIT (COL	ORGANIZATION DEBTOR LATERAL CHANGE): check only one box.			NONE
O ANAMANDIAMIT (COL	ORGANIZATION DEBTOR	teral description, or describe collateral		NONE
8. AMENDMENT (COL Describe collateral	ORGANIZATION DEBTOR LATERAL CHANGE): check only one box. deleted or added, or give entire restated collar		ssigned.	NONE
O ANAMANDIAMIT (COL	ORGANIZATION DEBTOR LATERAL CHANGE): check only one box. deleted or added, or give entire restated collar Linit 33 in Courtside at Brook Highlan	nd, a condominium, as established b	ssigned. by that certain Declaration	
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