



UC	C FINANCING STATEMENT AMENDMEN					
_	LOW INSTRUCTIONS (front and back) CAREFULLY					
	NAME & PHONE OF CONTACT AT FILER [optional]					
Cathy Padgett: 297-4235						
В. 3	SEND ACKNOWLEDGMENT TO: (Name and Address)					
	Compass Bank					
	4958 Valleydale Road, Suite 101					
	Birmingham, AL 35242-4614					
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1a.	NITIAL FINANCING STATEMENT FILE #			S FINANCING STATEMENT A		
,	20051024000550580		to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
2	TERMINATION: Effectiveness of the Financing Statement identified above is t	reminated with respect to security interest(s) of the S			Statement	
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3. [CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to security interest(s) of the Secured I	arty author	orizing this Continuation State	ement is	
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ad	dress of assignee in item 7c; and also give name of a	issignor in	item 9.		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.						
, /	استا Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7.					
ſ	CHANGE name and/or address: Give current record name in item 6a or 6b; also give new DELETE name: Give record name DADD name: Complete item 7a or 7b, and also					
	name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c to be deleted in item 6a or 6b item 7c; also complete items 7d-7g (if applicable).					
Ο, τ	S. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME					
	Cahaba Beach Investment, LLC, an Alabama Limited Liability Company					
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•	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
7. (CHANGED (NEW) OR ADDED INFORMATION:					
	7a. ORGANIZATION'S NAME			······································		
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
7. 1	AAII INIO ADDDECO	CITY	CTATE	TROOTAL CODE	COUNTRY	
/ Ç. I	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COONTRI	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION		7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any		
	DEBTOR				NONE	
8. /	MENDMENT (COLLATERAL CHANGE): check only one box.		<u> </u>			
	escribe collateral deleted or added, or give entire restated collateral	description or describe collateral Dessigned				
	rescribe collateraldeleted_oradded, or give entirerestated collateral	description, or describe consterarassigned.				
n.	etial Dalassa - market en					
Pa	rtial Release: Unit 17, Building 4, in Edenton, a Condominic	um, as established by that certain Declaration on the 20070420000184480, in the Probate Office o	of f Shalby			
	County, Alabama, and any amendments there	eto, to which Declaration of Condominium a pla				
	attached as Exhibit "C" thereto, and as recor	ded in the Condominium Plat of Edenton, a				
	Condominium, in Map Book 38, page 77, and Incorporation of Edenton Residential Owners	any tuture amendments thereto, Articles of Association inc as recorded in Instrument				
	20070425000639250, In the Office of the Judg	re of Probate of Shelby County, Alabama, and t	o which			
	said Declaration of Condominium the By-Laws of Edenton Residential Owners Association Inc., are attached as Exhibit "B" thereto, together with an undivided interest in the Common Elements					
	assigned to said Unit, by said Declaration of Condominium set out in Exhibit "D". Together with					
rights in and to that certain Non-Exclusive Roadway Easement as set out in Instrument 20051024000550530, in the Office of the Judge of Probate of Shelby County, Alabama.						
	ZONO TORMODOSSO, IN THE CHICE OF THE JUICE	ge of Propate of Shelby County, Alabama.				
	MARIO OF SECURED DADTY OF DECORD AUTHORIZMO THIS MAC	AIDMENT Assess of accions as Makin in an Accionact) Kabis is			
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN		-	•	a Deptor Which	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and entername of DEBTOR authorizing this Amendment.						
9a. ORGANIZATION'S NAME						
	Compass Bank					
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
10.0	PTIONAL FILER REFERENCE DATA		1			
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