

116				
U	C FINANCING STATEMENT AMENDMEN			
	LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]			
	isan Rixey 205-297-3083			
В.	SEND ACKNOWLEDGMENT TO: (Name and Address)			
	Compass Bank			
	4958 Valleydale Road, Suite 101			
	Hoover, AL 35242-4614			
1a	INITIAL FINANCING STATEMENT FILE #	THE ABOVE	1b. This FINANCING STATEM	
	20070509000218090 & 20070604000258060		to be filed [for record] (or record)	ecorded) in the
2.	TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of	THE THE COURT OF T	· ·
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secu	red Party authorizing this Continuatio	n Statement 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 nam	e of assignor in item 9	
5. /	AMENDMENT (PARTY INFORMATION): This Amendment affects Deb			
Α	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in it	ems 6 and/or 7.		
	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)	p give new DELETE name: Give record not in item 7c. Lobe deleted in item 6a or 6b.		m 7a or 7b, and also ms 7d-7g (if applicable).
	CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	, , , , , , , , , , , , , , , , , , ,		
	Eddleman Homes, LLC, Courtside Development, Inc.,	Dunnavant Place LLC, Highland	Lakes Homes, LLC, Park	Homes, LLC, R
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. (CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
	7a. ORGANIZATION'S NAME			
7. (OR	7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OR	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME			
OR	7a. ORGANIZATION'S NAME	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
7c. I	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION			COUNTRY
OR 7c. I	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
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