



	C FINANCING STATEMENT AMENDME	NT				
Α. Ι	LOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]					
	san Rixey 205-297-3083 SEND ACKNOWLEDGMENT TO: (Name and Address)					
U. <b>\</b>	T					
	Compass Bank					
	4958 Valleydale Road,					
	Suite 101					
	Hoover, AL 35242-4614					
		THE ABO	OVE SPACE IS FO	R FILING OFFICE U	SE ONLY	
1a. I	NITIAL FINANCING STATEMENT FILE#	· · · · · · · · · · · · · · · · · · ·		FINANCING STATEME		
1	20011121000506161		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(			nation Statement.	
3. [	CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the	Secured Party author	orizing this Continuation	Statement is	
<u>'                                    </u>	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and					
	MENDMENT (PARTY INFORMATION): This Amendment affects D		ck only <u>one</u> of these t	wo boxes.		
	Iso check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in TCHANGE name and/or address: Give current record name in item 6a or 6b; at	lso give new DELETE name: Give re-	cord name	D name: Complete item	7a or 7h, and also	
	I name (if name change) in item 7a or 7b and/or new address (if address change	e) in item 7c to be deleted in item 6a		n 7c; also complete item	s 7d-7g (if applicable).	
	CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	- ·· · · · · · · · · · · · · · · · · ·				
	Eddleman Properties, Inc.					
	6b. INDIVIDUAL'S LAST NAME	TEIDOT NAME	MIDDLE	LANAC	Louiserv	
	OD. INDIVIDUAL S LAST NAME	FIRST NAME	IVIIDDLE	NAIME	SUFFIX	
, ,	HANGED (NEW) OR ADDED INFORMATION:					
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,	7a. ORGANIZATION'S NAME	•				
	7a. ORGANIZATION'S NAME	FIRST NAME	IMIDDLE	NAME	SUFFIX	
ا م	<u> </u>	FIRST NAME	MIDDLE	NAME	SUFFIX	
OR	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME					
OR	7a. ORGANIZATION'S NAME	FIRST NAME		NAME POSTAL CODE	SUFFIX	
OR 'c. N	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME		STATE		COUNTRY	
C. N	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7a. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   DEBTOR   ADDRESS   A	CITY	STATE	POSTAL CODE	COUNTRY	
'c. N	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	STATE  7g. ORGA	POSTAL CODE	COUNTRY	
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