



| UC    | C FINANCING STATEMENT AMENDMEN  | 1T  |                 |   |                                       |
|-------|---|---|-----------------|---|---------------------------------------|
| FOLL  | OW INSTRUCTIONS (front and back) CAREFULLY  |   |                 |   |                                       |
|       | AME & PHONE OF CONTACT AT FILER [optional] san Rixey 205-297-3083   |   |                 |   |                                       |
| B. S  | END ACKNOWLEDGMENT TO: (Name and Address)   |   |                 |   |                                       |
|       | Compass Bank<br>4958 Valleydale Road<br>Suite 101<br>Hoover, AL 35242-4614  |   |                 |   |                                       |
|       |   | THE ABOVE SP  | ACE IS FO       | R FILING OFFICE US  | E ONLY                                |
| . •   | IITIAL FINANCING STATEMENT FILE # 0070223000084990, 20070509000218090, 20070604   |   | 1b. Thi         | s FINANCING STATEMEN<br>be filed [for record] (or record) | IT AMENDMENT is                       |
| 2.    | TERMINATION: Effectiveness of the Financing Statement identified above  |   | ·               |   |                                       |
| 3.    | CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.   | ove with respect to security interest(s) of the Secured                                   | l Party auth    | orizing this Continuation S                               | itatement is                          |
| 4.    | ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and  | address of assignee in item 7c; and also give name of                                     | assignor in     | item 9.   |                                       |
| 6. C  | MENDMENT (PARTY INFORMATION): This Amendment affects Described one of the following three boxes and provide appropriate information in 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 URRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  Eddleman Homes, LLC, Courtside Development, Inc. | so give new e) in item 7c.  DELETE name: Give record name to be deleted in item 6a or 6b. | e AC            | DD name: Complete item 7<br>m 7c; also complete items     | 7d-7g (if applicable).                |
| ~~!   | <del>-</del>  | FIRST NAME  | MIDDLE NAME     |   | SUFFIX                                |
| _     | HANGED (NEW) OR ADDED INFORMATION:<br>7a. ORGANIZATION'S NAME   |   |                 |   |                                       |
| OR    | 7b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDDLE NAME     |   | SUFFIX                                |
| 7c. M | AILING ADDRESS  | CITY  | STATE           | POSTAL CODE   | COUNTRY                               |
| 7d. T | AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR  | 7f. JURISDICTION OF ORGANIZATION  | 7g. ORG         | ANIZATIONAL ID #, if any                                  | NONE                                  |
|       | MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. escribe collateral  deleted or added, or give entire restated collate  | ral description, or describe collateral assigned.   |                 |   |                                       |
| -     | rtial Release) Lot 31-08, according to the Survey of Hongan Book 34 Page 149, in the Probate Office of Shelb  | <del>-</del>  |                 |   |                                       |
|       |   |   |                 |   |                                       |
| 9. N  | AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM  | IENDMENT (name of assignor, if this is an Assignme  | nt). If this is | s an Amendment authorized                                 | d by a Debtor which                   |
| ac    | lds collateral or adds the authorizing Debtor, or if this is a Termination authorized   |   |                 |   | · · · · · · · · · · · · · · · · · · · |
| i     | 9a. ORGANIZATION'S NAME<br>Compass Bank   |   |                 |   |                                       |
| OR    | 9b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDDLE          | NAME  | SUFFIX                                |
| 10.0  | PTIONAL FILER REFERENCE DATA  |   | 1               |   |                                       |