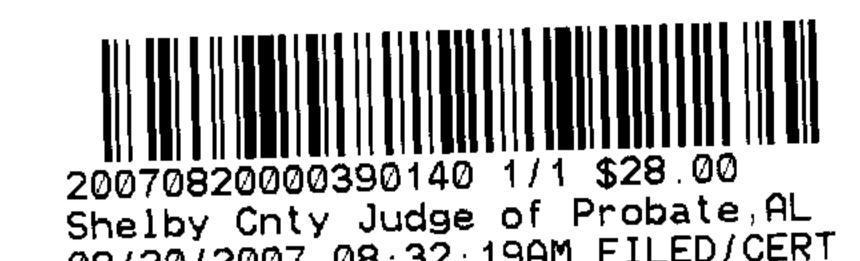
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	C FINANCIN	G STATEMENT AMENDMEN		08/20/2007 08:32:19AM FILED/CERT				
FOL	LOW INSTRUCTION	S (front and back) CAREFULLY						
	thy Padgett: 29	CONTACT AT FILER [optional] 7-4293						
B. S	END ACKNOWLED	GMENT TO: (Name and Address)						
	<u></u>							
	Compass Ba							
	4958 Valley	dale Road, Suite 101						
	Birmingham	, AL 35242						
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			THE ABOVE SI	PACË'IS FO	R FILING OFFICE US	E ONLY		
1a. INITIAL FINANCING STATEMENT FILE # 20051024000550580				ه هارسا ا	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the			
2			a tarminated with respect to enquity interest(a) of the		L ESTATE RECORDS.	tine Oteleweet		
		ffectiveness of the Financing Statement identified above is						
3. L	continued for the add	Effectiveness of the Financing Statement identified about itional period provided by applicable law.				tatement 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.			
5. A	MENDMENT (PART	Y INFORMATION): This Amendment affects De	btor or Secured Party of record. Check only	one of these t	wo boxes.			
Ý	so check <u>one</u> of the follo	owing three boxes <u>and</u> provide appropriate information in i	items 6 and/or 7.					
Γ	CHANGE name and/o	r address: Give current record name in item 6a or 6b; als b) in item 7a or 7b and/or new address (if address change	o give new DELETE name: Give record name) in item 7c. Deleted in item 6a or 6b.		D name: Complete item 7 n 7c; also complete items	a or 7b, and also		
6. (URRENT RECORD II				ii ro, also complete iteriis	10-19 (ii applicable).		
	6a. ORGANIZATION'S		······································					
	Cahaba Beach I	nvestments, LLC						
00			FIRST NAME	MIDDLE	NAME	SUFFIX		
		ADDED INFORMATION:	·			• • • • • • • • • • • • • • • • • • •		
	7- 000 A							
	7a. ORGANIZATION'S	NAME						
OR								
OR	7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS		FIRST NAME	MIDDLE	NAME	SUFFIX		
OR			FIRST NAME	MIDDLE	NAME	SUFFIX		
OR			FIRST NAME CITY	MIDDLE	NAME POSTAL CODE	SUFFIX		
OR	7b. INDIVIDUAL'S LAS				_			
OR 7c. N	7b. INDIVIDUAL'S LAS	T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION		STATE	_	COUNTRY		
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