



	JENT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
SUSAN RIXEY 205-297-3083 B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
COMPASS BANK 4958 VALLEYDALE ROAD SUITE 101 HOOVER, AL 35242-4614				
	THE ABOVE SP	ACE IS FOR FIL	ING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE#	0.60.4000000000000000000000000000000000		NCING STATEMENT [for record] (or recor	
20070223000084990, 20070509000218090, 2007		✓ REAL EST	ATE RECORDS.	
 TERMINATION: Effectiveness of the Financing Statement identified CONTINUATION: Effectiveness of the Financing Statement identified 	· · · · · · · · · · · · · · · · · · ·			
continued for the additional period provided by applicable law.	ned above with respect to security interest(s) of the Secure	o raity additionizing	tina Continuation Ct	
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	f assignor in item 9.		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		ne of these two box	kes.	
Also check one of the following three boxes and provide appropriate informs CHANGE name and/or address: Give current record name in item 6a o		ne 🗂 ADD nam	ie: Complete item 7a	a or 7b, and also
CHANGE name and/or address: Give current record name in item 6a o name (if name change) in item 7a or 7b and/or new address (if address 6. CURRENT RECORD INFORMATION:	change) in item 7c. to be deleted in item 6a or 6b.	item 7c; a	ilso complete items	7d-7g (if applicable).
6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Eddleman Homes, LLC, Courtside Development,	Inc.,Dunnavant Place,LLC, Highland Lal	kes Homes, P	ark Homes,LI	C, Regent Par
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX		SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
7c. MAILING ADDRESS	CITY	STATE POS	TAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZAT ORGANIZATION DEBTOR	ION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZA	TIONAL ID #, if any	NONE
$X = \Delta (M + N) + M + M + M + M + M + M + M + M + M + $				
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated (Partial Release) Lot 10-15, according to the Plat of Office of Shelby County, Alabama.			', Page 12 in t	he Probate
Partial Release) Lot 10-15, according to the Plat of Office of Shelby County, Alabama. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing and the second authorizing Debtor, or if this is a Termination authorizing Debtor.	Chelsea Park 10th Sector as recorded in	ent). If this is an Am	nendment authorized	
Partial Release) Lot 10-15, according to the Plat of Office of Shelby County, Alabama. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING The adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Description.	Chelsea Park 10th Sector as recorded in	ent). If this is an Am	nendment authorized	
Partial Release) Lot 10-15, according to the Plat of Office of Shelby County, Alabama. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing and the second sentence of the plat of adds to the plat of adds or give entire restated restated.	Chelsea Park 10th Sector as recorded in	ent). If this is an Am	nendment authorized his Amendment.	