				Shelby	24000447040 1/1 \$2 Cnty Judge of Pro 2007 12:43:30PM FI	bate, HL
UCC FINANCING STAT FOLLOW INSTRUCTIONS (front and A. NAME & PHONE OF CONTACT A	back) CAREFULLY	JT				
Ann Moore	/b.(
Compass Bank 4958 Valleydale Ro Birmingham, Al. 3:	ad, Suite 101					
			THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE (DNLY
1a. INITIAL FINANCING STATEMENT FILE	; #		······································	1b. This	FINANCING STATEMENT As filed [for record] (or record)	MENDMENT is
20061229000637720	the Cinemaine Chateman identified the con-	::		REA	L ESTATE RECORDS.	
	the Financing Statement identified above of the Financing Statement identified about					
continued for the additional period p		ove with respect to see	arity interest(s) or the Secureo	raity autic	AIZING THS CONTINUATION STAT	ement is
4. ASSIGNMENT (full or partial): Gi	ve name of assignee in item 7a or 7b and	address of assignee in	tem 7c; and also give name of	assignor in	tem 9.	
CHANGE name and/or address: Givename (if name change) in item 7a or 6. CURRENT RECORD INFORMATION 6a. ORGANIZATION'S NAME	es <u>and</u> provide appropriate information in e current record name in item 6a or 6b; als 7b and/or new address (if address change	items 6 and/or 7. so give new b) in item 7c. DE	LETE name: Give record name of deleted in item 6a or 6b.	e [AD	D name: Complete item 7a on 7c; also complete items 7d	or 7b, and also -7g (if applicabl
The Village at Highland Lakes Improvement Districts of the Individual's Last Name		FIRST NAME		MIDDLE NAME		SUFFIX
7. CHANGED (NEW) OR ADDED INFOR	RMATION:					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
ORGANIZA DEBTOR		7f. JURISDICTION (OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	NON
Describe collateral deleted or a PARTIAL Lots 4, 5, 6, 87 & 88, accordi 130, in the Office of the Judg NAME OF SECURED PARTY OF	ng to the Village at Highlande of Probate of Shelby Coun	d Lakes, Regent ity, Alabama.	Park Neighborhood,	t). If this is a	an Amendment authorized by	
adds collateral or adds the authorizing De 9a. ORGANIZATION'S NAME	otor, or if this is a Termination authorized	by a Debtor, check here	and enter name of DEB	ΓOR authori	zing this Amendment.	· · · · · · · · · · · · · · · · · · ·
OR 9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
0. OPTIONAL FILER REFERENCE DATA		<u> </u>	· · · · · · · · · · · · · · · · · · ·	[