


CC FINANCING STATEMENT AMENDM	IENT		
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
NAME & PHONE OF CONTACT AT FILER [optional]			
Susan Rixey 205-297-3083	· · · · · · · · · · · · · · · · · · ·		
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Compass Bank			
4958 Valleydale Road			
Suite 101			
Hoover, AL 35242-4614			
	THE ABOVE	SPACE IS FOR FILING OFFICE U	
INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEME to be filed [for record] (or record)	
See Attachment	ale avenir at a development to provide intercet/o) of	f the Secured Perty sutherizing this Termin	nation Statement
TERMINATION: Effectiveness of the Financing Statement identified a			
CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law.	ed above with respect to security interest(s) of the Se	cured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	7b and address of assignee in item 7c; and also give na	me of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects			
Also check one of the following three boxes and provide appropriate informat			
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address of	6b; also give new DELETE name: Give record to be deleted in item 6a or 6		7a or 7b, and also is 7d-7g (if applicabl
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME	-4 Dlana Canataida Danalannant Dari	. Hamas & Highland Lake L	Jamas
Regent Park Homes, Eddleman Homes, Dunnavar		MIDDLE NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	IVIIDDEE NAIVIE	John
. CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	CITY	STATE POSTAL CODE	COUNTRY
. MAILING ADDRESS	1		
o. MAILING ADDRESS			
I. TAX ID #. SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATIO	ON 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if ar	ny
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ORGANIZATION DEBTOR TOPE OF ORGANIZATION DEBTOR ORGANIZATION D			·
ORGANIZATION			·
Describe collateral of deleted or added, or give entire restated of the collateral added, or give entire restated of the collateral added.	collateral description, or describe collateral assig	ned.	NO
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated of Partial Release) Lot 14, according to the The Village	collateral description, or describe collateral assignments are assigned as the second collateral assignments. The second collateral assignments are at Highland Lakes, Regent Park News	ned.	NO
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Compass Bank
P.O. Box 10566
Birmingham, Alabama 35296

20071012000474690 2/2 \$36.00 Shelby Cnty Judge of Probate, AL 10/12/2007 09:18:51AM FILED/CERT

INITIAL FINANCING STATEMENT FILE

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