

OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] Ann Moore			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)	, ————————————————————————————————————		
Compass Bank			
4958 Valleydale Road, Suite 101			
Birmingham, Alabama 35242			
	THE ABOV	E SPACE IS FOR FILING OFFIC	'E LIGE ONI V
. INITIAL FINANCING STATEMENT FILE #			TEMENT AMENDMENT
20061229000637720		to be filed [for record] (REAL ESTATE RECOR	
TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with respect to security interest(s)		
CONTINUATION: Effectiveness of the Financing Statement identi			
continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or	7b and address of assignee in item 7c; and also give na	ame of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check of	only one of these two boxes.	
Also check one of the following three boxes and provide appropriate informations and provide appropriate informations and provide appropriate informations and provide appropriate information and provide appropriate informations and provide appropriate information and provide appropriate information and provide appropriate information and provide appropriate information and provide appropriate appropria	Institut Ins		
CHANGE name and/or address: Give current record name in item 6a on name (if name change) in item 7a or 7b and/or new address (if address)	or 6b; also give new DELETE name: Give record to be deleted in item 6a or 6		e item 7a or 7b, and also items 7d-7g (if applicab
CURRENT RECORD INFORMATION:	oriango) in item 70.	in term re, also complete	s items / u-/ g (ii applicat
6a. ORGANIZATION'S NAME			
The Village at Highland Lakes Improvement I	District		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
Ann Moore			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	·		
. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	ON 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #	, if any
DEBTOR			NO
AMENDMENT (COLKATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated	collateral description, or describe collateral assignment	gned.	•
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PARTIAL			
PARTIAL			
PARTIAL			•
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