

	(front and back) CAREFULLY						
A. NAME & PHONE OF CO	ONTACT AT FILER [optional]						
Cathy Padgett 297-4	4293						
3. SEND ACKNOWLEDGI	MENT TO: (Name and Address)			•			
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4958 Valleyd Suite 101	ale Road						
	AL 35242-4614						
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			THE ABOVE SP		R FILING OFFICE US		
a. INITIAL FINANCING STAT 200510240005505				to be	filed [for record] (or rec L ESTATE RECORDS.		
	ectiveness of the Financing Statement identified above	e is terminated with resp	ect to security interest(s) of the			ation Statement.	
	ffectiveness of the Financing Statement identified all onal period provided by applicable law.	bove with respect to sec	curity interest(s) of the Secure	l Party autho	rizing this Continuation S	Statement is	
ASSIGNMENT (full o	or partial): Give name of assignee in Item 7a or 7b an	d address of assignee in	item 7c; and also give name o	f assignor in i	lem 9.		
5. AMENDMENT (PARTY	INFORMATION): This Amendment affects	Debtor or Secured	Party of record. Check only o	ne of these to	vo boxes.		
	ving three boxes and provide appropriate information is				D nama: Campleta itam	7a or 7b. and also	
CHANGE name and/or and/	address: Give current record name in item 6a or 6b; a in item 7a or 7b and/or new address (if address chang	ge) in item 7c.	ELETE name: Give record name be deleted in item 6a or 6b.	iten	D name: Complete item n 7c; also complete items	7d-7g (if applicable)	
6. CURRENT RECORD INF			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
6a. ORGANIZATION'S N							
Cahaba Beach In 6b. INDIVIDUAL'S LAST		FIRST NAME	FIRST NAME		MIDDLE NAME SUFFIX		
66. INDIVIDUAL'S LAST	NAME	LIIVO I IAVIAIT					
. CHANGED (NEW) OR A	DDED INFORMATION:					<u></u>	
7a. ORGANIZATION'S N					· - · · · · · · · · · · · · · · · · · ·		
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7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS		FIRST NAME		MIDDLE NAME SUFFIX			
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		CITY		STATE	POSTAL CODE	COUNTRY	
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7d. TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	71. JURISDICTION	OFORGANIZATION	rg. OKG	ANIZATIONAL ID M, II dil	NON	
3. AMENDMENT (COLLA	TERAL CHANGE): check only one box.						
8. AMENDMENT (COLLA Describe collateral del	TERAL CHANGE): check only <u>one box.</u> leted or added, or give entire restated colla	teral description, or des	scribe collateral assigned				
Describe collateral del	leted or added, or give entire restated colla				Condominium,		
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