



	STATEMENTAMENDMEN' (front and back) CAREFULLY				
	ONTACT AT FILER [optional]				•
Cathy Padgett: 297-					
B. SEND ACKNOWLEDGN	MENT TO: (Name and Address)		•		
Compass Bank 4958 Valleyda Suite 101					
Birmingham,	AL 35242				
		THE ABOVE	SPACE IS EO	R FILING OFFICE USE	ON! Y
1a. INITIAL FINANCING STAT	EMENT FILE #			FINANCING STATEMENT	
200510240005505	580			e filed [for record] (or record). LESTATE RECORDS.	ded) in the
2. TERMINATION: Effe	ectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of	f the Secured Part	y authorizing this Terminati	on Statement.
	ffectiveness of the Financing Statement identified above onal period provided by applicable law.	e with respect to security interest(s) of the Sec	cured Party autho	rizing this Continuation Sta	atement is
4. ASSIGNMENT (full o	r partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give nar	me of assignor in i	tem 9.	
	· L	tor or Secured Party of record. Check or	nly <u>one</u> of these to	vo boxes.	
	ring three boxes <u>and</u> provide appropriate information in its		same	D name: Complete item 7a	or 7h, and also
name (if name change)  6. CURRENT RECORD INF	address: Give current record name in item 6a or 6b; also in item 7a or 7b and/or new address (if address change) ORMATION:	in item 7c. to be deleted in item 6a or 6t	b. iten	D name: Complete item 7a n 7c; also complete items 7	d-7g (if applicable).
6a. ORGANIZATION'S NA					
Cahaba Beach Inv	•	TOOT MANE	I MIDDLE A	IA NAC	CHEEN
66. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OR AL	DDED INFORMATION:				
7. CHANGED (NEW) OR AD	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · · · · · · · · · · · · · · · · · ·
7a. ORGANIZATION'S NA	AME				
	AME	FIRST NAME	MIDDLE	NAME	SUFFIX
7a. ORGANIZATION'S NA	AME	FIRST NAME		NAME POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NA OR 7b. INDIVIDUAL'S LAST	AME		STATE		COUNTRY
7a. ORGANIZATION'S NA OR 7b. INDIVIDUAL'S LAST  7c. MAILING ADDRESS  7d. TAX ID #: SSN OR EIN  8. AMENDMENT (COLLA)	NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    TERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	STATE 7g. ORGA	POSTAL CODE	
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