

CC FINANCING OU OW INSTRUCTION	S (front and back) CAREFULLY	· • · · · · · · · · · · · · · · · · · ·			
	CONTACT AT FILER [optional]				
Cathy Padgett: 297	7-4293	-			
. SEND ACKNOWLEDO	SMENT TO: (Name and Address)				
Compage Ba	l				
Compass Bar 4958 Valley					
Suite 101	Jaie Road		,		
·	, AL 35242	•			
Dimmgnam	, ALL JJLAL				
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		THE ABOVE S	PACE IS FO	R FILING OFFICE USE	ONLY
INITIAL FINANCING STA			t .	FINANCING STATEMENT	
20051024000550580				to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	
TERMINATION: E	ffectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of th	e Secured Par	ty authorizing this Terminati	on Statement.
	Effectiveness of the Financing Statement identified about the control of the	ve with respect to security interest(s) of the Secur	ed Party auth	orizing this Continuation Sta	atement is
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ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	of assignor in	item 9.	
-		otor or Secured Party of record. Check only	one of these	wo boxes.	
	wing three boxes <u>and</u> provide appropriate information in it			O Olate Ham 7-	
name (if name change	r address: Give current record name in item 6a or 6b; also) in item 7a or 7b and/or new address (if address change)	o give new DELETE name: Give record na in item 7c. to be deleted in item 6a or 6b.		D name: Complete item 7a n 7c; also complete items 7	d-7g (if applicabl
CURRENT RECORD IN		· · · · · · · · · · · · · · · · · · ·		-	
6a. ORGANIZATION'S					
ł	nvestments, LLC			<u> </u>	
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
CHANGED (NEW) OR A	ADDED INFORMATION:		· · · · · · · · · · · · · · · · · · ·		
CHANGED (NEW) OR A			• · · · · · · · · · · · · · · · · · · ·		
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7a. ORGANIZATION'S I	NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7a. ORGANIZATION'S I	NAME	FIRST NAME CITY		NAME POSTAL CODE	SUFFIX
7a. ORGANIZATION'S I	NAME ,				
7a. ORGANIZATION'S I	NAME		STATE		COUNTRY
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TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	STATE 7g. ORG	POSTAL CODE	
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