



		02/04/	2008 12:23:28PM	FILED/OLIV
JCC FINANCING STATEMENT AMENDME	NT			
OLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Susan Rixey 205-297-3083				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Compage Bonk				
Compass Bank 4958 Valleydale Road				
Suite 101				
Hoover, AL 35242-4614				
,				
	1			
	THE ABOVE S	DACE IS EO	R FILING OFFICE USE	- ONLY
1a. INITIAL FINANCING STATEMENT FILE#	THE ABOVE S		FINANCING STATEMEN	
See attached		to be	s filed [for record] (or reco	rded) in the
TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of t			ion Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified a				
continued for the additional period provided by applicable law.	20.0 mo ood	,		
I. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	d address of assignee in item 7c; and also give name	e of assignor in i	tem 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects				······································
Also check one of the following three boxes and provide appropriate information i		-		
CHANGE name and/or address: Give current record name in item 6a or 6b; a	also give new DELETE name: Give record n		D name: Complete item 7 n 7c; also complete items	a or 7b, and also 7d-7g (if applicable).
name (if name change) in item 7a or 7b and/or new address (if address change). CURRENT RECORD INFORMATION:	ge/ in item 70.			
6a. ORGANIZATION'S NAME		·		
Eddleman Homes, LLC				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			·	
7a. ORGANIZATION'S NAME				
	······································			Louisen
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
	· · · · · · · · · · · · · · · · · · ·	07475	TROOTAL CODE	COUNTRY
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COOKIKI
	TO HUDIODIOTION OF ODCANIZATION	70 OPG	ANIZATIONAL ID #, if any	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	/g. ORG	ANIZATIONAL ID #, II any	
DEBTOR				NONE
3. AMENDMENT (COLLATERAL CHANGE): check only one box.				
Describe collateral 🗸 deleted or 🗌 added, or give entire 📗 restated colla	teral description, or describe collateralassign	ed.		
(Partial Release) Lot 88, according to the Survey of Th	a Village at Highland Lakes, Regen	nt Park Nei	ghborhood. Phase	Two, an
Eddleman Community, as recorded in Map Book 38, Pa	age 125 in the Probate Office of Sh	elby Coun	tv. Alabama; bein	g situated in
Shelby County, Alabama.	150 123, 111 0110 1 100000 0 11100 01 01			
Shelby County, Madama.				
		nmont) If this is	an Amendment authorize	d by a Debtor which
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authorized. 	אועובועוטועובוע ו (name of assignor, if this is an Assigned by a Debtor, check here and enter name of [DEBTOR author	orizing this Amendment.	a by a bootor willon
9a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·
Compass Bank				
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
SULTINUITY IDUAL O LACT INAINE				
				<u></u>
10. OPTIONAL FILER REFERENCE DATA				



Compass Bank
P.O. Box 10566
Birmingham, Alabama 35296

20080204000043950 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 02/04/2008 12:23:28PM FILED/CERT

INITIAL FINANCING STATEMENT FILE