



OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
Susan Rixey 205-297-3083			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Compass Bank			
4958 Valleydale Road			
Suite 101			
Hoover, Al 35242-4614			
<u></u>		DOVE SDACE IS EOD EILING OFFICE	E LIGE ONLV
. INITIAL FINANCING STATEMENT FILE #	INCA	BOVE SPACE IS FOR FILING OFFICE 1b. This FINANCING STATE	
See attached		to be filed [for record] (continued in the filed state of the filed state in the filed st	
TERMINATION: Effectiveness of the Financing Statement ide	entified above is terminated with respect to security interes		
. CONTINUATION: Effectiveness of the Financing Statement	t identified above with respect to security interest(s) of	the Secured Party authorizing this Continua	tion Statement is
continued for the additional period provided by applicable law.			
. ASSIGNMENT (full or partial): Give name of assignee in item		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
. AMENDMENT (PARTY INFORMATION): This Amendment a		theck only <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate CHANGE name and/or address: Give current record name in item	m 6a or 6b; also give new DELETE name: Give		
name (if name change) in item 7a or 7b and/or new address (if a CURRENT RECORD INFORMATION:	ddress change) in item 7c to be deleted in item	6a or 6b item 7c; also complete	items 7d-7g (if applicabl
6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·		
Eddleman Homes			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
J. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA	NIZATION 7f. JURISDICTION OF ORGANIZATION	ON 7g. ORGANIZATIONAL ID #,	if anv
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA ORGANIZATION DEBTOR	THE STATE OF CHOMINE	g. Ortonitizationitization,	NO
. AMENDMENT (COLLATERAL CHANGE): check only one bo			
	4-44U-4 deceniusiam an decenibe cellescrat	assigned.	
Describe collateral 🗸 deleted or 🗌 added, or give entire 📗 re	estated collateral description, or describe collateral		
		atam Dhaga III, aa maaandad in 1	Man Dook 36
(Partial Release) Lot 1-53, according to the Ma	ap and Survey of Chelsea Park, 1st Sec	ctor, Phase III, as recorded in I	Map Book 36,
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Partial Release) Lot 1-53, according to the Ma Page 34, in the office of the Judge of Probate of	ap and Survey of Chelsea Park, 1st See f Shelby County, Alabama.	an Assignment). If this is an Amendment auti	horized by a Debtor whic
Partial Release) Lot 1-53, according to the Marage 34, in the office of the Judge of Probate of NAME of SECURED PARTY of RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termina	ap and Survey of Chelsea Park, 1st See f Shelby County, Alabama.		horized by a Debtor which
Partial Release) Lot 1-53, according to the Ma Page 34, in the office of the Judge of Probate of	ap and Survey of Chelsea Park, 1st See f Shelby County, Alabama.	an Assignment). If this is an Amendment auti	horized by a Debtor whic
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Compass Bank P.O. Box 10566 Birmingham, Alabama 35296

20080225000073580 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 02/25/2008 08:30:33AM FILED/CERT

INITIAL FINANCING STATEMENT FILE

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