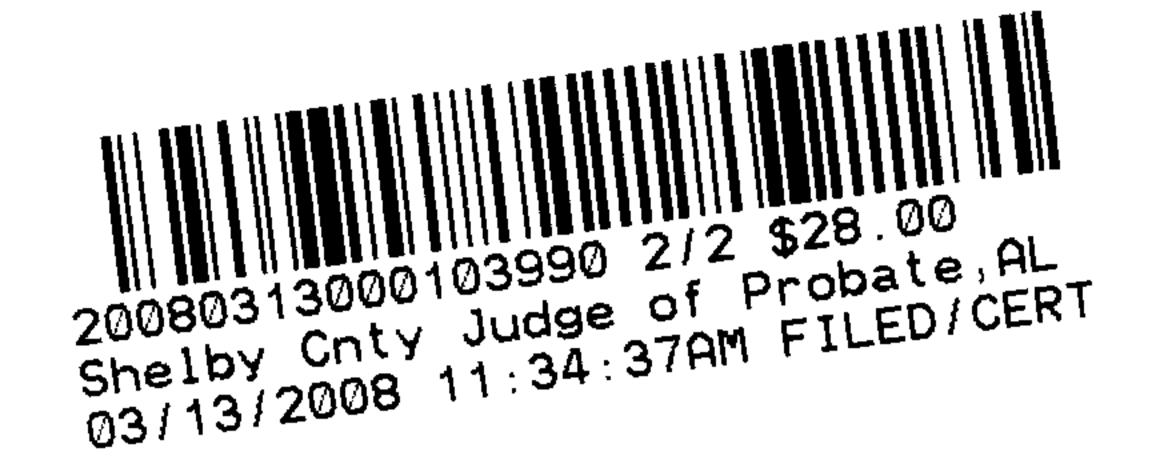


UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
Susan Rixey 205-297-3083			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Compass Bank			
4958 Valleydale Road			
Suite 101			
Hoover, AL 35242-4614			
	THE ABOVE S	PACE IS FOR FILING OFFICE US	SEONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEME	
See attached		to be filed [for record] (or record). REAL ESTATE RECORDS.	coraea) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the	ne Secured Party authorizing this Termin	nation Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secu	red Party authorizing this Continuation	Statement is
4. 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.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Det	btor or Secured Party of record. Check only	one of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in it			
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	o give new DELETE name: Give record not be deleted in item 6a or 6b.	ame DADD name: Complete item item 7c; also complete item	7a or 7b, and also as 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:	THE REIT FO. LET TO BE GOTOLOGIST ROTT OU OF OD.		o ra rg (ii applicable).
6a. ORGANIZATION'S NAME			<u></u>
Eddleman Homes, LLC			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if an	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral 🗸 deleted or 🗌 added, or give entire 📗 restated collater	al description, or describe collateral assigne	ed.	
(Partial Release) Lot 17, according to the Village at Highl	land Lakes, Regent Park Neighbor	hood, as recorded in Map I	Book 37, Page
130, in the Office of the Judge of Probate of Shelby Coun	ty, Alabama.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI	ENDMENT (name of assignor, if this is an Assign	ment). If this is an Amendment authoriz	ed by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized			
9a. ORGANIZATION'S NAME		<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>
COMPASS BANK			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			<u> </u>



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



INITIAL FINANCING STATEMENT FILE