

20080407000140050 1/2 \$28.00 Shelby Cnty Judge of Probate, 04/07/2008 03:17:58PM FILED/C	AL

A. N.	ONCHRIOTERIACTIONIO (Grand and brail) OAECHULY					
	OW INSTRUCTIONS (front and back) CAREFULLY AME & PHONE OF CONTACT AT FILER [optional]					
Juc	san Rixey 205-297-3083					
B. S	END ACKNOWLEDGMENT TO: (Name and Address)					
	Compass Bank					
	4958 Valleydale Road					
	Suite 101					
	Hoover, AL 35242-4614					
	1	ı				
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10.15	ITIAL FINANCING STATEMENT FILE #		HE ABOVE SPAC	, .	R FILING OFFICE USE FINANCING STATEMENT	
	ee attached			to be	e filed [for record] (or record	
		terminated with respect to popurity	interest(s) of the Sc		L ESTATE RECORDS.	on Statement
2.	TERMINATION: Effectiveness of the Financing Statement identified above is					
3. <u> </u>	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 Secured F	arty autho	rizing this Continuation Sta	itement 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 a	ssignor in i	tem 9.	
5. Al	MENDMENT (PARTY INFORMATION): This Amendment affects Deb	otor or Secured Party of reco	rd. Check only one	of these to	vo boxes.	
Als	so check one of the following three boxes and provide appropriate information in it	ems 6 and/or 7.				
<u> </u>	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)		Give record name item 6a or 6b.	ADI iten	D name: Complete item 7a n 7c; also complete items 7d	or 7b, and also d-7g (if applicable).
	JRRENT RECORD INFORMATION: Sa. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·			
J	Eddleman Homes, LLC					
OR E	b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAME	SUFFIX
_	HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME					
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
7c. M	AILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
7d T	AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZ	ZATION	7g. ORGA	NIZATIONAL ID #, if any	
, i	ORGANIZATION DEBTOR					NONE
	MENDMENT (COLLATERAL CHANGE): check only one box.					
De	scribe collateral 🗸 deleted or 🗌 added, or give entire 🗌 restated collatera	al description, or describe collater	al assigned.			
(Do	rtial Release) Lot 31-29, according to the Survey of Hi	ahland Lakes 20th Sec	tor an Eddler	nan Co	mmunity as record	ded in Man
-			tor, an Eddici	nan Co	mmumity, as record	aca iii wap
Boo	ok 34, Page 149, in the Probate Office of Shelby Count	ly, Alabama.				
		•	·:- : A t A	\ If this is	A	ov a Dobtor which
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME					by a Debtor Which
ad	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME do collateral or adds the authorizing Debtor, or if this is a Termination authorized at ORGANIZATION'S NAME					
ad	ds collateral or adds the authorizing Debtor, or if this is a Termination authorized a. ORGANIZATION'S NAME					y a Debtor Writeri
ad G	ds collateral or adds the authorizing Debtor, or if this is a Termination authorized		nter name of DEBT		izing this Amendment.	SUFFIX



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

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INITIAL FINANCING STATEMENT FILE