



			04/07/2008 0	3:23:48PM FILED/CERT
	. a. a. r a. 1 - r.			
UCC FINANCING STATEMENT AMEND				
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)	<u></u>			
	 -			
Compass Bank				
4958 Valleydale Road				
Suite 101				
Hoover, AL 35242				
		THE ABOVE SPA	CE IS FOR FILING C	FICE USE ONLY
a. INITIAL FINANCING STATEMENT FILE #		·-·-·-)	STATEMENT AMENDMENT is cord] (or recorded) in the
See attached			REALESTATER	RECORDS.
. TERMINATION: Effectiveness of the Financing Statement identific	ed above is terminated with respect to	security interest(s) of the S	ecured Party authorizing	this Termination Statement.
. CONTINUATION: Effectiveness of the Financing Statement idea	ntified above with respect to security	interest(s) of the Secured	Party authorizing this Co	ontinuation Statement is
				
. ASSIGNMENT (full or partial): Give name of assignee in item 7a			- i 	
. AMENDMENT (PARTY INFORMATION): This Amendment affect	h-mand h-mand	y of record. Check only <u>one</u>	e of these two boxes.	
Also check one of the following three boxes and provide appropriate infor CHANGE name and/or address: Give current record name in item 6a		E name: Give record name	☐ ADD name: Cor	mplete item 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if addre	. -	eleted in item 6a or 6b.		mplete items 7d-7g (if applicable).
. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·		
Eddleman Homes, LLC				
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	- <u></u>	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	<u> </u>	STATE POSTAL CO	ODE COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ATION 7f. JURISDICTION OF C	RGANIZATION	7g. ORGANIZATIONAL	L ID #, if any
DEBTOR				NONE
. AMENDMENT (COLLATERAL CHANGE): check only one box.				
Describe collateral deleted or added, or give entire restate	ed collateral description, or describe	collateral assigned.		
(Partial Release) Lot 2925, according to the Survey		Sector, an Eddlen	nan Community,	as recorded in Map
Book 36, Page 33-B in the Probate Office of Shell	by County.			
NAME OF SECURED PARTY OF RECORD AUTHORIZING		_		
adds collateral or adds the authorizing Debtor, or if this is a Termination a	iuthorized by a Debtor, check here	and enter name of DEB1	UK authorizing this Ame	enament.
9a. ORGANIZATION'S NAME				
R COMPASS BANK 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	·	MIDDLE NAME	louren/
BU. INDIVIDUAL S LAST INAME	TINST NAIVIE		INTOULE NAIVIE	SUFFIX
			I	ľ

10. OPTIONAL FILER REFERENCE DATA



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

20080407000140070 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 04/07/2008 03:23:48PM FILED/CERT

INITIAL FINANCING STATEMENT FILE