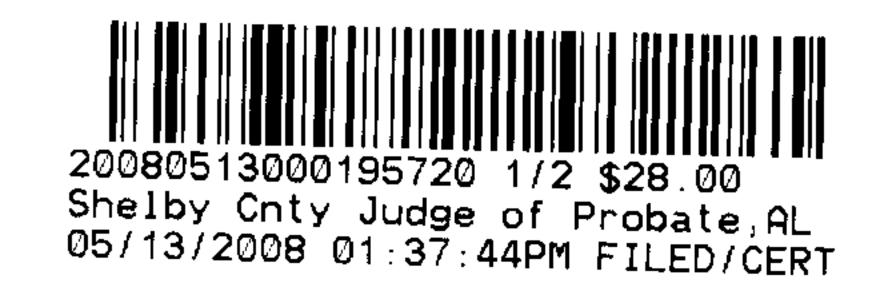


* *



UCC FINANCING STATEMENT AMENDI	MENT		
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 ABO	VE SPACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATE	
SEE ATTACHED		to be filed [for record] (or REAL ESTATE RECORD	
2. TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with respect to security interest(s	of the Secured Party authorizing this Ter	mination Statement.
 CONTINUATION: Effectiveness of the Financing Statement ident continued for the additional period provided by applicable law. 	ified above with respect to security interest(s) of the	Secured Party authorizing this Continuati	ion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or	7b and address of assignee in item 7c; and also give	name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check	only one of these two boxes.	
Also check one of the following three boxes and provide appropriate inform			7 7h _ and alaa
CHANGE name and/or address: Give current record name in item 6a of name (if name change) in item 7a or 7b and/or new address (if address	or 6b; also give new DELETE name: Give reconstruction of the deleted in item 6a of the deleted in item 6a.		tem 7a or 7b, and also tems 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	,	· · · · · · · · · · · · · · · · · · ·
Eddleman Homes, LLC			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			<u> </u>
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 ORGANIZAT	ION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, it	fany
ORGANIZATION	71. SORISBIOTION ORGANIZATION	rg. OROANIZATIONAL ID #, II	r 1
P. AMENDMENT (COLLATERAL CHANGE): shock only one box			NONE
 AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated 	collateral description, or, describe collateral.	sioned	
Describe contatoral W defected ofaddadd, or give charerestance	Conatoral description, or describe conatoral Lines.	orgrica.	
(Partial Release) Lot 10-14, according to the Plat of	f Chelsea Park 10th Sector as recorde	ed in Map Book 37, Page 12	in the Probate
Office of Shelby County, Alabama.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TI	HIS AMENDMENT (name of assignor, if this is an As	signment) If this is an Amendment author	orized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination at		of DEBTOR authorizing this Amendmen	
9a. ORGANIZATION'S NAME			
COMPASS BANK			
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

20080513000195720 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 05/13/2008 01:37:44PM FILED/CERT

INITIAL FINANCING STATEMENT FILE