



UCC FINANC	INGSTATEMENTAMENDMEN				
	IONS (front and back) CAREFULLY OF CONTACT AT FILER [optional] 297-4293				
<u> </u>	EDGMENT TO: (Name and Address)				
	LEDGINEIVI TO. (Maine and Address)	·			
Compass 4958 Val	Bánk leydale Road, Suite 101				
	am, AL 35242				
		THE ABOVE SP	ACE IS FO	OR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE #			1b. This FINANCING STATEMENT AMENDMENT is		
20051024000550580			to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
2. TERMINATION	I: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the	Secured Pa	rty authorizing this Termination	on Statement.
3. CONTINUATION Continued for the	ON: Effectiveness of the Financing Statement identified aboadditional period provided by applicable law.	ve with respect to security interest(s) of the Secured	Party auth	norizing this Continuation Sta	atement 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.	
		otor or Secured Party of record. Check only or			
	following three boxes and provide appropriate information in it	· • • • • • • • • • • • • • • • • • • •			
CHANGE name a	nd/or address: Give current record name in item 6a or 6b; also ange) in item 7a or 7b and/or new address (if address change)	o give new DELETE name: Give record name in item 7c. to be deleted in item 6a or 6b.		DD name: Complete item 7a	ος 7b, and also
6. CURRENT RECOR		in item 76. La to de deleted in item 68 or 60.	I I I I	m 7c; also complete items 7	d-/g (if applicable).
6a. ORGANIZATIO	N'S NAME				······································
•	h Investments, LLC				
6b. INDIVIDUAL'S	LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW)	OR ADDED INFORMATION:				
7a. ORGANIZATIO	N'S NAME				
)					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR		7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR				T NONE
8. AMENDMENT (CO	DLLATERAL CHANGE): check only one box.				NONE
	deleted or added, or give entire restated collatera	il description, or describe collateral assigned.			
		Lassigned.			
Partial Release:	Unit 98, Building 19, in Edenton, a Condominium,	as established by that certain Declaration	of Condomi	lnium,	
	Amendment to Declaration of Condominium of Edento	, in the Probate Office of Shelby County, At as recorded in Instrument 200705080002155	Labama, Fi	Lrst	
	Declaration of Condominium of Edenton as recorded	ded in Instrument 20070522000237580, 3 rd Ame: in Instrument 20070606000263790, and the 4 ^t	ndment to	the	
	The Declaration of Condominium of Edenton as recorded	rded in Instrument 20070626000297920. 5th Am	endment t	n the	
	to which nectaration of Condominium a plan is att	ached as Exhibit "C" thereto, and as records	ed in the		
Condominium Plat of Edenton, a Condominium, in Map Book 38, Page 77, and 1st Amended Condominium Plat of Edenton, a condominium as recorded in Map Book 39, Page 4, and any future amendments thereto, Articles of Incorporation of Edenton Residential Owners Association, Inc., as recorded in Instrument 20070425000639250, In the Office of the Judge of Probate of Shelby County, and to which said Declaration of Condominium the By-Laws of Edenton Residential Owners Association, Inc., are attached as Exhibit "B" thereto, together with an					
	In Exhibit "D", together with rights in and to th Instrument 20051024000550530, in the Office of th	at certain Non-Exclusive Roadway Easement as e Judge of Probate of Shelby County, Alabama	set out	in	
		· · · · · · · · · · · · · · · · · · ·			
9. NAME OF SECUR	ED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assignmen	t). If this is	an Amendment authorized by	y a Debtor which
	the authorizing Debtor, or if this is a Termination authorized by NAME	y a Debtor, check here and enter name of DEB	OK autho	nzing this Amendment.	
9a. ORGANIZATION					
OR Compass Ba					
9b. INDIVIDUAL'S L	AST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
10. OPTIONAL FILER REF	FERENCE DATA	•			