



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)				
Common Danle				
Compass Bank 4958 Valleydale Road	'			
Suite 101				
Hoover, AL 35242-4614				
1100 (01, 112 332 12 101 1				
		THE ABOVE SPA	CE IS FOR FILING OFFI	CE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE #			1b. This FINANCING STA	TEMENT AMENDMENT is
See attached			to be filed [for record] REAL ESTATE RECO	(or recorded) in the ORDS.
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect	to security interest(s) of the S	ecured Party authorizing this	Termination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to secur	ty interest(s) of the Secured	Party authorizing this Contin	uation Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	iddress of assignee in ite	m 7c; and also give name of a	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	otor <u>or</u> Secured Pa	arty of record. Check only one	of these two boxes.	
Also check one of the following three boxes and provide appropriate information in its		ETE name: Give record name	CTI ADD name: Comple	te item 7a or 7b, and also
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)		deleted in item 6a or 6b.		te items 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME			. <u>-</u> . <u></u>	
Eddleman Homes, LLC				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR	TELEOTENA		TRANSPORTE NIANAE	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
Z- MAILINIC ADDDECC	CITY	CITY		COUNTRY
7c. MAILING ADDRESS			STATE POSTAL CODE	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID	#, if any
ORGANIZATION ' DEBTOR			NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	<u></u>			
Describe collateral 🗸 deleted or 🗌 added, or give entire 🔲 restated collatera	al description, or descr	ibe collateral assigned.		
			1 1 1 3 4	D .1 27 D
(Partial Release) Lot 6, according to The Village at Highla		nt Park Neighborho	od, as recoded in M	ap Book 37, Page
130, in the Office of the Judge of Probate of Shelby Count	ty, Alabama.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of a	ssignor, if this is an Assignmer	nt). If this is an Amendment a	uthorized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here	and enter name of DEB	TOR authorizing this Amend	ment.
9a. ORGANIZATION'S NAME				
OR COMPASS BANK	FIRST NAME		MIDDLE NAME	SUFFIX
9b. INDIVIDUAL'S LAST NAME	TINGLINAIVIE			
40 ODTIONAL EILED DECEDENCE DATA				
10. OPTIONAL FILER REFERENCE DATA				



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

20080619000251130 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 06/19/2008 01:42:03PM FILED/CERT

## INITIAL FINANCING STATEMENT FILE #