



| LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] | | | | |
|--|--|---|---|-------------------|
| Ann Moore | | | | |
| SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| | | | | |
| Compass Bank | | | | |
| 4958 Valleydale Road | | | | |
| Suite 101 | | | | |
| Birmingham, AL 35242 | | | | |
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| | THE ABOVE | SPACE IS FOR FILI | | |
| INITIAL FINANCING STATEMENT FILE # | | | ICING STATEMENT for record] (or record | |
| 20061229000637720 | | | ATE RECORDS. | |
| TERMINATION: Effectiveness of the Financing Statement identified about | ove is terminated with respect to security interest(s) of | the Secured Party author | orizing this Termination | n Statement. |
| CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law. | above with respect to security interest(s) of the Sec | ured Party authorizing | this Continuation Sta | tement is |
| ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b | and address of assignee in item 7c; and also give nam | ne of assignor in item 9. | | |
| | Debtor or Secured Party of record. Check on | | | <u>.</u> |
| | | ny <u>One</u> or these two box | .03. | |
| Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6a or 6b. | | name | e: Complete item 7a | or 7b, and also |
| name (if name change) in item 7a or 7b and/or new address (if address change) | | | lso complete items 7 | d-7g (if applicat |
| CURRENT RECORD INFORMATION: | | <u> </u> | | |
| 6a. ORGANIZATION'S NAME | | | | |
| The Village at Highland Lakes Improvement Distri | | | | |
| 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | | SUFFIX |
| | | | . <u>.</u> | |
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| CHANGED (NEW) OR ADDED INFORMATION: | | | | |
| CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME | | | | |
| | | | | |
| 7a. ORGANIZATION'S NAME | FIRST NAME | MIDDLE NAME | | SUFFIX |
| - | FIRST NAME | MIDDLE NAME | | SUFFIX |
| 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | | TAL CODE | |
| 7a. ORGANIZATION'S NAME | | | TAL CODE | SUFFIX |
| 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS | CITY | STATE POS | | |
| 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS . TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION | CITY | STATE POS | ΓAL CODE | COUNTRY |
| 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION | CITY | STATE POS | | |
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