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UCC FINANCING STATEMENT AMEND	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 Highland Lakes					
Suite 101					
Hoover, AL 35242-4614					
		THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE #				FINANCING STATEMENT e filed [for record] (or reco	
See attached			V RE	L ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identifie				•	
3. CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law.	tified above with respect to sec	urity interest(s) of the Secured	Party author	orizing this Continuation St	latement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a of	r 7b and address of assignee in	item 7c: and also give name of	assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affect		Party of record. Check only or	•		
Also check one of the following three boxes and provide appropriate inform		<u> </u>	<u></u> • · · · · · · · · · · · · · · · · · ·		
CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address		LETE name: Give record name be deleted in item 6a or 6b.	e	D name: Complete item 7 n 7c; also complete items	a or 7b, and also 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME		•			
Eddleman Homes, LLC	- I CIDOT NAME		LAIDDLE	LIABAT"	LOUEEIV
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAIVIE	SUFFIX
7 OLIANOED (NEIM) OD ADDED INCODMATION.		· · · · · · · · · · · · · · · · ·			
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	<u></u> , ,		<u> </u>		
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
TO TAKE OF ANY OF THE ANY OF ANY AND AND ANY AND ANY AND AND ANY AND ANY AND AND AND ANY AND	TION TO LUDICOLOTION	OF ODGANIZATION	7- 000	ANUZATIONIAL ID # if any	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZA ORGANIZATION	HON M. JURISDICTION	OF ORGANIZATION	7g. OKG	ANIZATIONAL ID #, if any	[]
DEBTOR DEBTOR	<u> </u>				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restate	d colleteral description, or desc	ribe collateral Dassigned			
Describe conateral V deleted of L added, of give entire liestate	u conateral description, or desi	assigned.			
(Partial Release) Lot 1, according to the Village at	Highland Lakes, Rege	nt Park Neighborhoo	od, as re	corded in Map Bo	ok 37, Page
130, in the Office of the Judge of Probate of Shelby	County, Alabama.				
 NAME OF SECURED PARTY OF RECORD AUTHORIZING T adds collateral or adds the authorizing Debtor, or if this is a Termination a 					by a Debtor which
9a. ORGANIZATION'S NAME				- · · · · · · · · · · · · · · · · · · ·	
COMPASS BANK					
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
10, OPTIONAL FILER REFERENCE DATA	.				



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

20080717000288510 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 07/17/2008 11:43:49AM FILED/CERT

INITIAL FINANCING STATEMENT FILE