C FINANCING STATEMENT AMEND LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] of thy Padgett 297-4293 SEND ACKNOWLEDGMENT TO: (Name and Address)	MENT	0080815000329920 1/1 \$2 0080815000329920 of Pro Shelby Cnty Judge of Pro 08/15/2008 02:32:01PM F	8.00 bate, AL LED/CERT
Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, AL 35242	THE ABOVE S	SPACE IS FOR FILING OFFICE	USE ONLY
INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEN to be filed [for record] (or	NENT AMENDMENT IS
20061114000556650		REAL ESTATE RECORD	
TERMINATION: Effectiveness of the Financing Statement identifi	ed above is terminated with respect to security interest(s) of t	the Secured Party authorizing this Terr	on Statement is
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.	intified above with respect to security interest(s) of the Secu	Trea Party authorizing the Comment	
ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and also give nam	e of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affect	cts Debtor or Secured Party of record. Check on	ly one of these two boxes.	
Also check one of the following three boxes and provide appropriate info	rmation in items 6 and/or 7.		tem 7a or 7b, and also
CHANGE name and/or address: Give current record name in item 6 name (if name change) in item 7a or 7b and/or new address (if address	a or 6b; also give new to be deleted in item 6a or 6b to be deleted in item 6a or 6b	item 7c; also complete it	tems /d-/g (ii applicable)
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME Thornton Construction Co., Inc. and Holland L	akes, Inc.		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>
7a. ORGANIZATION'S NAME			
R 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
TO, INDIVIDUAL S LAST NAME			COUNTRY
: MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
		7g. ORGANIZATIONAL ID #.	if any
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ZATION 7f. JURISDICTION OF ORGANIZATION	7g. OKGANIZATIONAL ID AT	NO
DEBTOR			
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restricted restriction. Partial Release: Lot 228, according to the final strobate Office of Shelby County, Alabama; being	ated collateral description, or describe collateral Lassic		7, Page 85, in the
NAME OF SECURED PARTY OF RECORD AUTHORIZIN	G THIS AMENDMENT (name of assignor, if this is an Ass	signment). If this is an Amendment at	uthorized by a Debtor whent.
adds collateral or adds the authorizing Debtor, or if this is a Termination	on authorized by a Debtor, check here and enter name of	of DEBTOR authorizing this Amendr	
9a. ORGANIZATION'S NAME			
19a. URGANIZATION S NAME			
Compass Bank	CIDCT NAME	MIDDLE NAME	SUFFIX
	FIRST NAME	MIDDLE NAME	SUFFIX