

OLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]  STICANI DIVEY 205 207 2082			
SUSAN RIXEY 205-297-3083  B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
COMPASS BANK 4958 VALLEYDALE ROAD SUITE 101 HOOVER, AL 35242-4614			
	THE A	ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATE to be filed [for record] (or	MENT AMENDMENT is
See attached  TERMINATION: Effectiveness of the Financing Statement identified.	ied above is terminated with respect to security inte	▼ REAL ESTATE RECORU	DS.
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.			······································
ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and also	give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		Check only <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate info	a or 6b; also give new DELETE name: Giv		em 7a or 7b, and also tems 7d-7g (if applicable).
name (if name change) in item 7a or 7b and/or new address (if address). CURRENT RECORD INFORMATION:	ess change) in item 7cto be deleted in item	rea or ob.	terns rusig (ii applicable).
6a. ORGANIZATION'S NAME EDDLEMAN HOMES			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR	ATION 7f. JURISDICTION OF ORGANIZATI	ION 7g. ORGANIZATIONAL ID #, i	f any NONE
. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral 🗸 deleted or 🗌 added, or give entire 📗 restat	ted collateral description, or describe collateral	assìgned.	
(Partial Release) Lot 10-06, according to the Plat of	of Chelsea Park 10th Sector as reco	orded in Map Book 37, Page 12	in the Probate
Office of Shelby County, Alabama.			
NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of assignor, if this is	an Assignment). If this is an Amendment suth	orized by a Debtor which
, INTINE OF QUOCITED FAILER OF RECORD ACTIONIZATION			
adds collateral or adds the authorizing Debtor, or if this is a Termination			
adds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME			
adds collateral or adds the authorizing Debtor, or if this is a Termination	FIRST NAME	MIDDLE NAME	SUFFIX



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

20080909000357790 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 09/09/2008 09:13:38AM FILED/CERT

## INITIAL FINANCING STATEMENT FILE #