



	C FINANCING STATEMENT AMENDMEN	T				
	LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]					
SUSAN RIXEY (205-297-3083)						
В. 3	SEND ACKNOWLEDGMENT TO: (Name and Address)					
İ	COMPASS BANK					
4958 VALLEYDALE ROAD						
	SUITE 101 HOOVER, AL 35242-4614					
	1100 (110 332 12 1011					
		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE C	NLY	
1a. INITIAL FINANCING STATEMENT FILE#			1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the			
SEE ATTACHED			REAL ESTATE RECORDS.			
2.	TERMINATION: Effectiveness of the Financing Statement identified above is					
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secured	Party autho	orizing this Continuation State	ement is	
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	ddress of assignee in item 7c; and also give name of	assignor in	item 9.		
5. <i>F</i>	5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.					
<u> </u>	Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.					
	CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name ADD name: Complete item 7a or 7b, and also to be deleted in item 6a or 6b. item 7c; also complete items 7d-7g (if applicable).					
6. (6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME					
	EDDLEMAN HOMES, LLC					
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE I	VAME	SUFFIX	
7. (CHANGED (NEW) OR ADDED INFORMATION:					
	7a. ORGANIZATION'S NAME					
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX		SUFFIX	
7c. l	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
7d	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7a. ORG/	ANIZATIONAL ID #, if any		
ru.	ORGANIZATION DEBTOR		J. g. G G.		NONE	
8. <i>F</i>	MENDMENT (COLLATERAL CHANGE): check only one box.				NONE	
	escribe collateral 🗸 deleted or 🗌 added, or give entire 🔲 restated collateral	description, or describe collateral assigned.				
(Partial Release) Lot 12, according to the Village at Highland Lakes, Regent Park Neighborhood, as recorded in Map Book 37, Page						
-	of the Office of the Judge of Probate of Shelby Count		ou, as re	corded in Map Boo	K 57, Page	
1 3	o, in the Office of the suage of Fronte of Bheloy Count	y, i iiuouiiiu.				
	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME				a Debtor which	
9a. ORGANIZATION'S NAME						
	COMPASS BANK					
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
10.C	PTIONAL FILER REFERENCE DATA					



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

20081124000448300 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 11/24/2008 01:16:08PM FILED/CERT

INITIAL FINANCING STATEMENT FILE