



OLLOW 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 VALLEYDALE ROAD				
SUTIE 101 HOOVER, AL 35242-4614				
	THE ABOVE	SDACE IS EO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE # SEE ATTACHED		1b. This	FINANCING STATEMENT e filed [for record] (or record)	AMENDMENT is
2. TERMINATION: Effectiveness of the Financing Statement identified a	bove is terminated with respect to security interest(s) of			on Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identifies continued for the additional period provided by applicable law.	ed above with respect to security interest(s) of the Sec	ured Party autho	orizing this Continuation Sta	atement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	b and address of assignee in item 7c; and also give nam	e of assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects			- · · · · · · · · · · · · · · · · · · ·	
Also check one of the following three boxes and provide appropriate information	ion in items 6 and/or 7.		D name: Complete item 7s	or 7h and also
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address continuous cont	6b; also give new DELETE name: Give record to be deleted in item 6a or 6b		D name: Complete item 7a m 7c; also complete items 7	d-7g (if applicable)
6a. ORGANIZATION'S NAME EDDLEMAN HOMES LLC				
	FIRST NAME	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE		SUFFIX
OR				
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME CITY	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME CITY ON 7f. JURISDICTION OF ORGANIZATION	MIDDLE STATE 7g. ORG	NAME POSTAL CODE	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME CITY ON 7f. JURISDICTION OF ORGANIZATION collateral description, or describe collateral assign Resurvey of Lots 9-11 through 9-17 a	MIDDLE STATE 7g. ORG ned.	POSTAL CODE ANIZATIONAL ID #, if any Common Area Che	SUFFIX COUNTRY
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated of CARTIAL RELEASE) Lot 9-13A, according to the interpretation added to the interpretation Cartial Particles Cartia	FIRST NAME CITY ON 7f. JURISDICTION OF ORGANIZATION collateral description, or describe collateral assign Resurvey of Lots 9-11 through 9-17 a	MIDDLE STATE 7g. ORG ned.	POSTAL CODE ANIZATIONAL ID #, if any Common Area Che	SUFFIX COUNTRY
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Compass Bank
P. O. Box 10566
Birmingham, Alabama 35296

200901150000013700 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 01/15/2009 12:33:52PM FILED/CERT

INITIAL FINANCING STATEMENT FILE