



N. NAME & PHONE OF CONTACT AT FILER [optional]				
Ann Moore				
S. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Compass Bank				
4958 Valleydale Road				
Suite 101				
Birmingham, AL 35242				
		OVE CDACE IC CO	O EILING AFFICE LIGE	ONLY
INITIAL FINANCING STATEMENT FILE #	INCAD		R FILING OFFICE USES	
20061229000637700			e filed (for record) (or recor	ded) in the
TERMINATION: Effectiveness of the Financing Statement identifi	ied above is terminated with respect to security interes			on Statement.
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	ve name of assignor in	item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affect		· · · · · · · · · · · · · · · · · · ·	• • •	
Also check one of the following three boxes and provide appropriate info		CCR ONLY <u>DITO</u> OF THOSE	THO DOXOG.	
CHANGE name and/or address: Give current record name in item 6a	a or 6b: also give new DELETE name: Give r	ecord name A	DD name: Complete item 7a	or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address CURRENT RECORD INFORMATION:	ess change) in item 7c to be deleted in item 6a	a or bbne	m 7c; also complete items 7	d-/d (ir applica
6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
The Village at Highland lakes Improvement Di	strict			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAMÉ	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:		<u> </u>		
7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
		STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS	CITY			l l
. MAILING ADDRESS	CITY			
		N 7g. ORG	ANIZATIONAL ID #, if any	
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		7g. ORG	ANIZATIONAL ID #, if any	
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ATION 7f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	
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