			2009	0528000201630 1	/1 \$28.00 f Probate, AL
UCC FINANCING STATEMENT AMENDMENT			She! 05/	0528000201630 1 by Cnty Judge 0 28/2009 10:49:40	AM FILED/CER
LLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]	·		_		
Susan Rixey 205-297-3083					
. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Compass Bank					
2958 Valleydale Road Suite 101					
Hoover, AL 35242					
. INITIAL FINANCING STATEMENT FILE#	T			R FILING OFFICE US	
#20070223000084990 & #200803210000116110			to b	e filed [for record] (or rec AL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above					
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.	bove with respect to security interest	(s) of the Secured P	arty autho	orizing this Continuation (	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and	also give name of as	ssignor in	item 9.	
· · · · · · · · · · · · · · · · · · ·	Debtor or Secured Party of reco	ord. Check only <u>one</u>	of these t	wo boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; also	also give new	Give record name		D name: Complete item	
name (if name change) in item 7a or 7b and/or new address (if address change) CURRENT RECORD INFORMATION:	ge) in item 7cto be deleted in	item 6a or 6b.	ite	m 7c; also complete items	s 7d-7g (if applicable)
6a. ORGANIZATION'S NAME				, ,	
Eddleman Homes, LLC  R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
7a. ORGANIZATION'S NAME					
R 75. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
				·····	
. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANI	ZATION	7g. ORG	ANIZATIONAL ID #, if any	<u> </u>
ORGANIZATION ' DEBTOR					NONE
AMENDMENT (COLLATERAL CHANGE): check only one box.		······································			
Describe collateral deleted or added, or give entire restated collate	teral description, or describe collater	al assigned.			
Partial Release) Lot 2959 according to the Survey of Hi Book 36, Page 33 A, B, C, and D, in the Probate Office of			in Con	nmunity, as recor	ded in Map
					ed by a Debtor which
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN		nter name of DEBT0	OR autho	rizing this Amendment.	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize	ed by a Debtor, check here and e				·········
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize 9a. ORGANIZATION'S NAME  Compass Bank	ed by a Debtor, check here and e				
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize 9a. ORGANIZATION'S NAME	ed by a Debtor, check here and e		MIDDLE	NAME	SUFFIX