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UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY	Y I		
A. NAME & PHONE OF CONTACT AT FILER [optional]			
John L. Hartman, III (205) 879-0500  B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
——————————————————————————————————————			
John L. Hartman, III			
Hartman & Springfield			
P. O. Box 846 Birmingham, AL 35201-0846			
Diffingnam, ALL JJZO1-0040			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE S	SPACE IS FOR FILING OFFICE U  1b. This FINANCING STATEME	
20061024000523130, 20061024000523440, 20061024	000523510	to be filed [for record] (or re REAL ESTATE RECORDS.	corded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of t		<del></del>
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name	e of assignor in item 9.	
	ebtor or Secured Party of record. Check onl		
Also check one of the following three boxes and provide appropriate information in			
CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change	DELETE name: Give record notes) in item 7c. to be deleted in item 6a or 6b.	ame ADD name: Complete item item 7c; also complete item	7a or 7b, and also is 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	" · · · · · · · · · · · · · · · · · · ·		<u></u>
Cahaba Beach Investments, LLC			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	<u> </u>	<u> </u>	
7a. ORGANIZATION'S NAME			<u> </u>
OR 7b. INDIVIDUAL'S LAST NAME	TEIDOT NAME		
TO HADIAIDONE S ENGI IMMINE	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if an	<u> </u>
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral V deleted or added, or give entire restated collater	al description, or describe collateral assigne	ed.	
Unit 102, Building 1, in the Lofts a	t Edenton, a Condomin	ium, as recorded	in
Map Book 41, page 110 in the Probate			111
Tobacc	orrect or bilerby oou	iley, madama.	
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized</li> </ol>	ENDMENT (name of assignor, if this is an Assignate by a Debtor, check here and enter name of D	ment). If this is an Amendment authorize EBTOR authorizing this Amendment.	ed by a Debtor which
9a. ORGANIZATION'S NAME			
Compass Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
Judge of Probate, Shelby County			