			•		
CC FINANCING STATEMENT AMENDMEN	JT				
LLOW INSTRUCTIONS (front and back) CAREFULLY	4 1				
NAME & PHONE OF CONTACT AT FILER [optional]					
Kimberly Rilling 404-591-1118					
SEND ACKNOWLEDGMENT TO: (Name and Address)					
				l di i di i dan ka ka mera mer	
Primary Capital Advisors	j	201007222			
2060 Mount Paran Road		20100723000	J235350	1/1 \$20 00	
Suite 101		207/23/2010	/ Judge	of Probate, AL	
Atlanta, GA 30327			12:57:5	53 PM FILED/CERT	
		THE ABOVE SPA	ACE IS FO	OR FILING OFFICE US	E ONLY
INITIAL FINANCING STATEMENT FILE# 200512120006410	17 0		1	s FINANCING STATEMEN	
		·-·	RE	be filed [for record] (or reco AL ESTATE RECORDS.	<u>, </u>
TERMINATION: Effectiveness of the Financing Statement identified above i				Name of the second seco	
CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to sec	curity interest(s) of the Secured	Party auth	orizing this Continuation S	tatement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and					
	0,04	Party of record. Check only or	<u>ne</u> of these	two boxes.	
Iso check one of the following three boxes and provide appropriate information in in CHANGE name and/or address: Give current record name in item 6a or 6b; als		ELETE name: Give record name	, Francis V	DD_name: Complete item 7	ant 7h and al-
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	e) in item 7c. to	be deleted in item 6a or 6b.	ite	m 7c; also complete items	7d-7g (if applic
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	·· - · · · · · · · · · · · · · · · · ·				
Inverness Cliffs Apartments, LLC					
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	LOUISEIN
	, II COT I CANCE		IWIIBBEE	1.41-ZiAIT	SUFFIX
CHANCED (NEW) OD ADDED INCODMATION.					
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	 		-		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFF		SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
ORGANIZATION ' DEBTOR					П.
MENDMENT (COLLATERAL CHANGE): check only one box.					L. N
escribe collateral deleted or added, or give entire restated collatera	al description, or desc	cribe collateral assigned.			
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AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of a	assignor, if this is an Assignmen	t). If this is	an Amendment authorized l	y a Debtor whi
AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME lds collateral or adds the authorizing Debtor, or if this is a Termination authorized t	ENDMENT (name of a by a Debtor, check her	assignor, if this is an Assignmen e and enter name of DEBT	t). If this is OR author	an Amendment authorized lizing this Amendment.	y a Debtor whi
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