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		Shelby Cnty Judge of 07/27/2010 10:37:21	•
			·
UCC FINANCING STATEMENT AME	NDMENT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  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			
	THE ABOVE	SPACE IS FOR EU ING ACTION I	
1a. INITIAL FINANCING STATEMENT FILE#		SPACE IS FOR FILING OFFICE L	
20061024000523130, 20061024000523440,		to be filed [for record] (or re	ecorded) in the
2. TERMINATION: Effectiveness of the Financing Statement id	entified above is terminated with respect to security Interest(s) of	the Secured Party authorizing this Term	ination Statement.
<ol> <li>CONTINUATION: Effectiveness of the Financing Statemen continued for the additional period provided by applicable law.</li> </ol>	it identified above with respect to security interest(s) of the Sec	ured Party authorizing this Continuation	Statement is
			••••••••••••••••••••••••••••••••••••••
ASSIGNMENT (full or partial): Give name of assignee in item			
. AMENDMENT (PARTY INFORMATION): This Amendment Also check one of the following three boxes and provide appropriate		ly <u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in ite name (if name change) in item 7a or 7b and/or new address (if a	m 6a or 6b; also give new DELETE name; Give record of	name	79 or 7h and also
CURRENT RECORD INFORMATION:	ddress change) in item 7c. to be deleted in item 6a or 6b.	item 7c; also complete iten	ns 7d-7g (if applicable)
6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	*
Cahaba Beach Investments, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
			İ
7a. ORGANIZATION'S NAME			
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
		INTODLE INAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
			COOKIKI
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	NIZATION 71. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if an	ıy
DESTOR			- <b>-</b>
. AMENDMENT (COLLATERAL CHANGE): check only one bo	X.		NONE
Describe collateral deleted or added, or give entire re-	stated collateral description, or describe colleteral assigna	∍d.	
PARTIAL: Unit 1201, Building	12, Lofts at Edenton, 2nd Ar	nended Map, Map Bo	ook
41, Page 121, Shelby County, A	labama.		
NAME OF SECURED PARTY OF RECORD AUTHORIZINg adds colleteral or adds the authorizing Debtor, or if this is a Terminative	G THIS AMENDMENT (name of accioner if this is on Ass)		
	on authorized by a Debtor, check here and enter name of D	ment). If this is an Amendment authorize EBTOR authorizing this Amendment	d by a Debtor which
9a. ORGANIZATION'S NAME		**************************************	· · · · · · · · · · · · · · · · · · ·
Compass Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA			
udge of Probate, Shelby County			