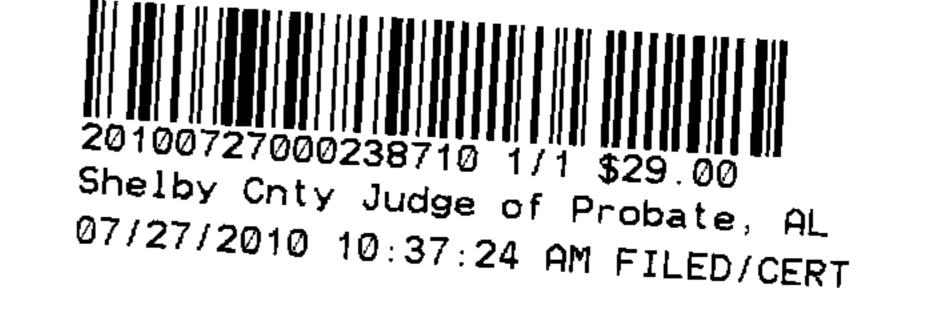
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UCC FINANCING STATEMENT AMENDMEN	, i T		· ··· · · · · · · · · · · · · · · · ·
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	4 1		
A. NAME & PHONE OF CONTACT AT FILER (optional)			
John L. Hartman, III (205) 879-0500			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Tologo T. Titografico e e TIT			
John L. Hartman, III			
Hartman & Springfield P. O. Box 846			
Birmingham, AL 35201-0846			
25111111111111111111111111111111111111			
	THE ABOVE S	PACE IS FOR FILING OFFICE U	
1a. INITIAL FINANCING STATEMENT FILE # 20050525000254510, 20060810000389940, 20060810	000200040	1b. This FINANCING STATEME to be filed [for record] (or re	
		REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above			
 CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law. 	ove with respect to security interest(s) of the Secu	red Party authorizing this Continuation	Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assigned in item 7c; and also give name	of accionar in item O	
Also check one of the following three boxes and provide appropriate information in	· ·	one of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; als	so give new DELETE name: Give record no		7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change 6. CURRENT RECORD INFORMATION:	e) in item 7c to be deleted in item 6a or 6b.	item 7c; also complete item	ns 7d-7g (if applicable).
6a. ORGANIZATION'S NAME	- ···		
Cahaba Beach Investments, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		· · · · · · · · · · · · · · · · · · ·	
7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·		
OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADDIL NEO DE 17. TVDE OF ODOANIZATION	74 2 10 10 0 10 7 10 11 0 5 0 5 0 5 10 10 7 10 11		
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if ar	ıy
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral 🗸 deleted or 🗌 added, or give entire 📗 restated collater	al description, or describe collateralassigne	d.	
PARTIAL: Unit 1101, Building 11, Lo	fts at Edenton 2nd Ama	anded Man se wee	سائد المحاسمة
Map Book 41, Page 121, Shelby County	. Alabama	ended map, as rec	orded in
i and	, manama.		
NAME OF SECURED DADTY OF DECORD AUTHODIZANO THIS AM			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	ENDIVIEIN I (name of assignor, if this is an Assignment of Df and enter name of Df	nent). If this is an Amendment authorized BTOR authorizing this Amendment.	ed by a Debtor which
9a. ORGANIZATION'S NAME			
Compass Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
0. OPTIONAL FILER REFERENCE DATA	<u> </u>	: 	
Judge of Probate, Shelby County			