
20100727000238740 1/1 \$29.00
Shelby Cnty Judge of Probate, A

UCC FINANCING STATEMENT AMENDMENT

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

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Shelby Cnty Judge of Probate, AL
07/27/2010 10:37:27 AM FILED/CERT

	THE ABOVE S	SPACE IS FO	OR FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 20050525000254510, 20060810000389940, 200608	310000390040	to t	s FINANCING STATEME be filed [for record] (or rec AL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified ab	ove is terminated with respect to security interest(s) of	he Secured Pa	rty authorizing this Termin	ation Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security interest(s) of the Secu	red Party auth	orizing this Continuation	Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give nam	e of assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check onl	y <u>one</u> of these	two boxes.	
Also check one of the following three boxes and provide appropriate information				
CHANGE name and/or address: Give current record name in item 6a or 6l name (if name change) in item 7a or 7b and/or new address (if address ch	b; also give new ange) in item 7c. DELETE name: Give record record in item 6a or 6b.	ame Al	DD name: Complete item	7a or 7b, and also s 7 <u>d-7g (if applicable).</u>
6. CURRENT RECORD INFORMATION:				
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	<u>, , , , , , , , , , , , , , , , , , , </u>		<u></u>	<u> </u>
OR				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
			444747474	
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if an	yNONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated co	lateral description, or describe collateral assign	ed.		

Unit 401, Bldg. 4, The Lofts at Edenton, MB 41, Pg 110; amended MB 41, Pg 116; amended MB 41, PG 121.

		IORIZING THIS AMENDMENT (name of assignor, if this is Termination authorized by a Debtor, check here and enter				
1	a. ORGANIZATION'S NAME					
	Compass Bank					
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
10.0	PTIONAL FILER REFERENCE DATA					
Juo	dge of Probate, Shelby County					