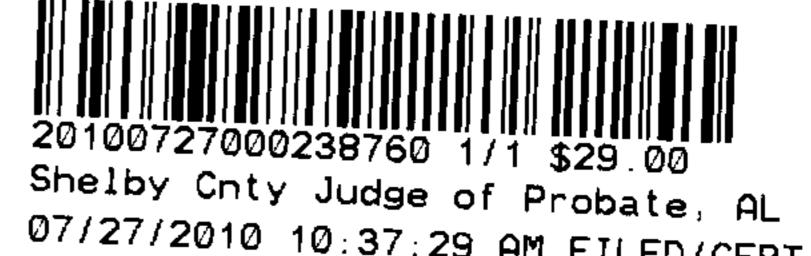
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| JCC FINANCING STATEMENT AMENDME | ENT | 0172772010 10:37:29 A | M FILED/CERT |
|--|--|---|--|
| OLLOW INSTRUCTIONS (front and back) CAREFULLY | | | |
| A. NAME & PHONE OF CONTACT AT FILER [optional] John L. Hartman, III (205) 879-0500 | | | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | - ·-··· - · · · · · · · · · · · · · · · | | |
| | —————————————————————————————————————— | | |
| John L. Hartman, III | | | |
| Hartman & Springfield | | | |
| P. O. Box 846 | | | |
| Birmingham, AL 35201-0846 | | | |
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| | | | |
| a. INITIAL FINANCING STATEMENT FILE # | THE ABOVE | SPACE IS FOR FILING OFFICE | |
| 20061024000523130, 20061024000523440, 2006102 | 24000523510 | 1b. This FINANCING STATE to be filed [for record] (or | |
| | | REAL ESTATE RECORD | S. |
| TERMINATION: Effectiveness of the Financing Statement identified about | | | |
| 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 authorizing this Continuati | on Statement is |
| | | | |
| ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a | | | |
| AMENDMENT (PARTY INFORMATION): This Amendment affects | | 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 6b; | | | |
| name (if name change) in item 7a or 7b and/or new address (if address char | also give new DELETE name: Give record name) in item 7c. to be deleted in item 6a or 6b. | ame ADD name: Complete it item 7c; also complete it | em 7a or 7b, and also ems 7d-7g (if applicabl |
| . CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME | | | ···· |
| Cahaba Beach Investments, LLC | | | |
| R 6b. INDIVIDUAL'S LAST NAME | | | |
| OD. INDIVIDUAL S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| . CHANGED (NEW) OR ADDED INFORMATION: | | | |
| 7a. ORGANIZATION'S NAME | | | |
| 7b. INDIVIDUAL'S LAST NAME | | | |
| 70. INDIVIDUAL S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| - MANUALO ADDOCO | | - ·· · · · · · · · · · · · · · · · · · | |
| . MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY |
| TADD'I INFO DE TA- TVOE OF ODOANIZATION | 7, 11,616,616,616,616 | | |
| ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if | any |
| DEBTOR | : | | NON |
| AMENDMENT (COLLATERAL CHANGE): check only one box. | | | |
| Describe collateral deleted or added, or give entire restated colla | teral description, or describe collateral assigne | ed. | |
| | | | |
| Unit 1205 Building 12, in The | - | · · | |
| 2nd Amended Plat of The Lofts | | - | |
| Book 41, Page 121, in the Prob | ate Office of Shelby Co | ounty, Alabama. | |
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| NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A | MENDMENT (name of assignor, if this is an Assign | ment). If this is an Amendment author | ized by a Debtor which |
| adds collateral or adds the authorizing Debtor, or if this is a Termination authoriz | ed by a Debtor, check here and enter name of D | EBTOR authorizing this Amendment | • |
| 9a. ORGANIZATION'S NAME | | | |
| Compass Bank | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| OPTIONAL FILER REFERENCE DATA | <u> </u> | | 1 |
| | | | 1 |
| udge of Probate, Shelby County | | | |