

UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS (front and back) CAREFULLY	INT		
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			
i i			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE	SPACE IS FOR FILING OFFICE	-
20050525000254510, 20060810000389940, 2006081	1b. This FINANCING STATE to be filed [for record] (or		
		I PEAL ESTATE RECORD	10
2. TERMINATION: Effectiveness of the Financing Statement identified above. 3. CONTINUATION: Effectiveness of the Financing Statement identified above.	re is terminated with respect to security interest(s) of	the Secured Party authorizing this Ter	mination Statement.
 CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law. 	spove with respect to security interest(s) of the Sect	ured Party authorizing this Continuati	on Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c; and also give nam	a of againner in item 0	·····
E ALADADADAD (DADE) / MADE ADALA - TANAN			· · · · · · · · · · · · · · · · · · ·
Also check one of the following three boxes and provide appropriate information in		y <u>one</u> of these two boxes,	
CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)	also give new DELETE name: Give record n		em 7a or 7b, and also
6. CURRENT RECORD INFORMATION:	ge) in item 7c. Lo be deleted in item 6a or 6b.	item 7c; also complete it	ems 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 INCODED INCODES			
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7a. ORGANIZATION'S NAME		-	
<u>*</u>	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME CITY		
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME			SUFFIX
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS ADD'L INFO RE 7e, TYPE OF ORGANIZATION		STATE POSTAL CODE	COUNTRY
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS	CITY		COUNTRY
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if	COUNTRY
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS ADD'L INFO RE ORGANIZATION DEBTOR	CITY 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral	7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assigne	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if	any
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.	city 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assigned ts at Edenton, as record	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if	any

9. NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Term	IZING THIS AMENDMENT (name of assignor, if this is nination authorized by a Debtor, check here and enter r	an Assignment). If this is an Amendment au name of DEBTOR authorizing this Amendm	thorized by a Debtor which ent.
9a. ORGANIZATION'S NAME			
Compass Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
Judge of Probate, Shelby County			