



UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	ENT		
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			
21111111111111111111111111111111111111			
<u> </u>			
1a. INITIAL FINANCING STATEMENT FILE #	I HE ABOVE	SPACE IS FOR FILING OFFICE U	
20061024000523130, 20061024000523440, 2006102	24000523510	to be filed [for record] (or re REAL ESTATE RECORDS	ecorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated with respect to security interest(s) of		
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 Sec	ured Party authorizing this Continuation	n Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	nd address of assignee in item 7c; and also give nam	e of assignor in item 9.	
<u>laad</u>	Debtor or Secured Party of record. Check on	y one 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 ringe) in item 7c. DELETE name: Give record ringe to be deleted in item 6a or 6b.		n 7a or 7b, and also
6. CURRENT RECORD INFORMATION:	igo / ii item ro. La to bo deleted in item da or ob.	item 7c; also complete iten	ns /u-/g (ir applicable).
6a. ORGANIZATION'S NAME			
Cahaba Beach Investments, LLC			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
	T INOT NAIVIL	WINDER NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	<u> </u>	···	
OR 76. INDIVIDUAL'S LAST NAME	EIDOT MANE		·
TO THOUSE CAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if ar	ny
ORGANIZATION ' DEBTOR			П.,,,,,,,
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			NONE
Describe collateral 🗸 deleted or 🗌 added, or give entire 📗 restated colla	iteral description, or describe collateralassigne	ad.	
PARTIAL:			
Unit 1005, Building 10, Lofts at		•	
as recorded in Map Book 41, Page	136, Shelby County, Ala	ıbama.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (name of accioner if this is an Assign		
adds collateral or adds the authorizing Debtor, or if this is a Termination authoriz	ed by a Debtor, check here TT and enter name of D	ment). If this is an Amendment authorize FRTOR authorizing this Amendment	ed by a Debtor which
9a. ORGANIZATION'S NAME	and onter name of D		
Compass Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
0. OPTIONAL FILER REFERENCE DATA] 		<u> </u>
Judge of Probate, Shelby County			