



Shelby Cnty Judge of Probate, AL 10/20/2010 12:26:37 PM FILED/CERT

| UCC FINANCING STATEMENT AMENDMEN  | T  |  |                                       |
|---|--|--|---------------------------------------|
| FOLLOW 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)   | · · · · · · · · · · · · · · · · · · ·  |  |                                       |
| D. SEND ACKNOVILEDGIVIENT TO. (Name and Address)  |  |  |                                       |
| John L. Hartman, III  |  |  |                                       |
| Hartman & Springfield   |  |  |                                       |
| P. O. Box 846   |  |  |                                       |
| Birmingham, AL 35201-0846   |  |  |                                       |
| —   |  |  |                                       |
|   | _  |  |                                       |
|   |  |  |                                       |
|   | THE ABOVE SP   | PACE IS FOR FILING OFFICE U                            | JSE ONLY                              |
| 1a. INITIAL FINANCING STATEMENT FILE#   |  | 1b. This FINANCING STATEM                              |                                       |
| 20061024000523130, 20061024000523440, 200610240   | 00523510   | to be filed [for record] (or record) (or record)       | S.                                    |
| 2. TERMINATION: Effectiveness of the Financing Statement identified above is  | terminated with respect to security interest(s) of the                             | Secured Party authorizing this Term                    | ination Statement.                    |
| 3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.                | e with respect to security interest(s) of the Secure                               | ed Party authorizing this Continuation                 | n Statement is                        |
| 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a   | ddress of assignee in item 7c; and also give name o                                | of assignor in item 9.                                 |                                       |
| . AMENDMENT (PARTY INFORMATION): This Amendment affects Deb   | otor or Secured Party of record. Check only of                                     | one of these two boxes.                                |                                       |
| Also check one of the following three boxes and provide appropriate information in its  | ems 6 and/or 7.  |  |                                       |
| CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) | give new DELETE name: Give record name in item 7c. to be deleted in item 6a or 6b. | ne ADD name: Complete iter item 7c; also complete item |                                       |
| CURRENT RECORD INFORMATION:   |  |  |                                       |
| 6a. ORGANIZATION'S NAME   |  | <del>- · · · · · · · · · · · · · · · · · · ·</del>     |                                       |
| Cahaba Beach Investments, LLC   |  |  |                                       |
| 6b. INDIVIDUAL'S LAST NAME  | FIRST NAME   | MIDDLE NAME  | SUFFIX                                |
|   |  |  |                                       |
| . CHANGED (NEW) OR ADDED INFORMATION:   | <u> </u>   |  |                                       |
| 7a. ORGANIZATION'S NAME   |  | · · · · · · · · · · · · · · · · · · ·                  |                                       |
|   |  |  |                                       |
| 7b. INDIVIDUAL'S LAST NAME  | FIRST NAME   | MIDDLE NAME  | SUFFIX                                |
|   |  |  |                                       |
| c. MAILING ADDRESS  | CITY   | STATE POSTAL CODE                                      | COUNTRY                               |
|   |  |  |                                       |
| ADD'L INFO RE 7e. TYPE OF ORGANIZATION  | 7f. JURISDICTION OF ORGANIZATION   | 7g. ORGANIZATIONAL ID #, if a                          | any                                   |
| ORGANIZATION  |  |  | ·                                     |
| DEBTOR  |  |  | NON                                   |
| 3. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.  | F  |  |                                       |
| Describe collateral deleted or added, or give entire restated collatera   | l description, or describe collateralassigned                                      | •  |                                       |
| PARTIAL:  |  |  |                                       |
|   | donton 2rd Amondod Ma  | a <b></b>  |                                       |
| Unit 904, Building 9, Lofts at E  |  | _  |                                       |
| as recorded in Map Book 41, Page  | 136, Shelby County, A  | Alabama.   |                                       |
|   |  |  |                                       |
|   |  |  |                                       |
|   |  |  |                                       |
|   |  |  |                                       |
|   |  |  |                                       |
|   |  |  |                                       |
| . NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME  | NDMENT (name of assignor, if this is an Assignm                                    | ent). If this is an Amendment authori                  | zed by a Debtor which                 |
| adds collateral or adds the authorizing Debtor, or if this is a Termination authorized to   |  |  |                                       |
| 9a. ORGANIZATION'S NAME   | <u> </u>   |  | · · · · · · · · · · · · · · · · · · · |
| Compass Bank  |  |  |                                       |
| PR 9b. INDIVIDUAL'S LAST NAME   | FIRST NAME   | MIDDLE NAME  | SUFFIX                                |
| TOO. HID TO TOO LOOK ITMINE   |  | 17.755EE 17.7171E                                      | JOHIA                                 |
|   |  |  |                                       |
| 0. OPTIONAL FILER REFERENCE DATA  |  |  |                                       |
| Judge of Probate, Shelby County   |  |  |                                       |
|   |  |  |                                       |