FOLLOW INSTRUCTION	NG STATEMENT AM NS (front and back) CAREFULL	ENDMENT			0417770 1/1 \$ 29		
A. NAME & PHONE OF	CONTACT AT FILER (optional)		· · · · · · · · · · · · · · · · · · ·		y Judge of Prob 01:47:28 PM FI		
	III (205) 879-0500			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
P. SEND MCVIAOMFEI	DGMENT TO: (Name and Addres	is)			-		
John L. Ha	•	•					
Hartman & P. O. Box 8	Springfield						
	n, AL 35201-0846						
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20050525000254510, 20060810000389940, 200608100			40	<u>°</u> (₹1	to be filed [far record] (or recorded) in the		
CONTINUATION:	Effectiveness of the Financing Stateme	int identified above is terminated	with respect to security interest(s) of	the Secured P	arty guthorizing this To-		
continued for the ad	Effectiveness of the Financing State ditional period provided by applicable	ment identified above with response.	ect to security interest(s) of the Sec	ured Party aut	horizing this Continuation	n Statement is	
ASSIGNMENT (fu	l or partial): Give name of assignee in	n item 7a or 7b and address of as	Signee in item 7c; and also give non-				
AMEIADMEIAI (PAK	Y INFORMATION); This Amendm	nent affects Debtor or	Secured Party of record Check on				
Also check one of the following	owing three boxes and provide appropri	riale information in items 6 and/or	r 7	1) <u>2110</u> (1 11/636	INO DOXES.		
name (if name chang	or address: Give current record name in item 7a or 7b and/or new address	in item 6a or 6b; also give new it (if address change) in item 7c.	DELETE name: Give record record to be deleted in item 6a or 6b.		DD name: Complete iter om 7c; also complete iter	n 7a or 7b, and also	
CURRENT RECORD I					To the second se	na ru-ig ta appaca	
Cahaba Beach I	nvestments, LLC						
66. INDIVIDUAL'S LAST NAME		FIRST NA	FIRST NAME		MIDDLE NAME SUFFIX		
					- · · · · · · · · · · · · · · · · · · ·	SUPPIX	
7a. ORGANIZATION'S	ADDED INFORMATION:						
	i at rish			· · · · · · · · · · · · · · · · · · ·			
7b. INDIVIDUAL'S LAST NAME		FIRST NA	FIRST NAME		MIDDLE NAME STIERLY		
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MAILING ADDRESS		CNY		STATE	POSTAL CODE	COUNTRY	
	ADD'I INEO DE TA TROCOCOS						
ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only gne box.		KGANIZATION 71. JURISD	7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any		
		a have				NO	
escribe collateral [7] de	leted or added, or give entire	e box.					
	Tacada, or Bive entire	Trasistad constats description,	or describe collateralassigne	đ.			
RTIAL:							
ARTIAL:	illding 12, Lofts	at Edenton, 3	Brd Amended Map.	Map B	ook 41. Pag	e 136	
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