OLLOV	FINANCING STATEMENT AMEN  V INSTRUCTIONS (front and back) CAREFULLY				
_	IE & PHONE OF CONTACT AT FILER [optional]  L. Hartman, III (205) 879-0500				
	D ACKNOWLEDGMENT TO: (Name and Address)			0004170 1/1 \$29 y Judge of Proba	
				03:29:25 PM FIL	
	John L. Hartman, III				
	Hartman & Springfield				
	P. O. Box 846 Birmingham, AL 35201-0846				
	Diffillingian, rid 55201-0040				
	E CONTRACTOR OF THE PROPERTY O				
a. INITI	AL FINANCING STATEMENT FILE#		THE ABOVE SPACE IS FO	R FILING OFFICE US	
	61024000523130, 20061024000523440, 20	0061024000523510	to b	oe filed (for record) (or rec	
. TI	ERMINATION: Effectiveness of the Financing Statement iden	tified above is terminated with respect to secu		AL ESTATE RECORDS.  Ity authorizing this Termin	ation Statement
	ONTINUATION: Effectiveness of the Financing Statement i				
co	ontinued for the additional period provided by applicable law.			•	
A	SSIGNMENT (full or partial): Give name of assignee in item ?	7a or 7b and address of assignee in item 7c; a	nd also give name of assignor in	item 9.	· · · · · ·
AME	NDMENT (PARTY INFORMATION): This Amendment of	fects Debtor or Secured Party of re	cord. Check only one of these	two boxes.	
	theck one of the following three boxes and provide appropriate in				
Ci na	HANGE name and/or address: Give current record name in item ame (if name change) in item 7a or 7b and/or new address (if add	6a or 6b; also give new DELETE nan dress change) in item 7c. to be deleted		DD name: Complete item: m 7c; also complete item:	
	RENT RECORD INFORMATION:				
1	organization's name haba Beach Investments, LLC				
<u> </u>	INDIVIDUAL'S LAST NAME	I EIDOT NAME	MIDDLE		
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0000	NOED (MEM) OO ADDED MEODIAATION:			······································	
I WA	NGED (NEW) OR ADDED INFORMATION:			***· <u> </u>	
-	ORGANIZATION'S NAME	<u> </u>			
7a.	ORGANIZATION'S NAME				
7a.	ORGANIZATION'S NAME INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7a.		FIRST NAME	MIDDLE	NAME	SUFFIX
7a. 7b.		FIRST NAME  CITY	MIDDLE	NAME POSTAL CODE	
7a. 7b.	INDIVIDUAL'S LAST NAME	CITY			
7a. 7b.	INDIVIDUAL'S LAST NAME	CITY	STATE		COUNT
7a. 7b.	INDIVIDUAL'S LAST NAME  ING ADDRESS  ADD'L INFO RE   7e. TYPE OF ORGAN	CITY	STATE	POSTAL CODE	COUNT
7a. R 7b.	INDIVIDUAL'S LAST NAME  ING ADDRESS  ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DESTOR  NOMENT (COLLATERAL CHANGE): check only one box	CITY  IZATION 7f. JURISDICTION OF ORGA	STATE NIZATION 7g. ORG	POSTAL CODE	COUNT
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