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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				
- Juliani, AL Juliani, AL Juliani				
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a. INITIAL FINANCING STATEMENT FILE #	THE ABOV	E SPACE IS F	OR FILING OFFICE	USE ONLY
20050525000254510, 20060810000389940, 200608		1b. Th	nis FINANCING STATEN	MENT AMENDMENT
	RMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the SINULATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the SINULATION:		to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	
CONTINUATION: Effectiveness of the Financing Statement identifie	d shove with respect to security interest(s)	of the Secured Pa	arty authorizing this Tem	nination Statement.
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.				n Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give as	me of accions	n itom O	
. AME TOMERT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record Chook			
Also check one of the following three boxes and provide appropriate informatio	ท เก items 6 and/or 7.	7117 <u>2710</u> 01 114656	wo boxes.	
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 change)	o; also give new DELETE name: Give record to be deleted in item 6a or 6	name MA	DD name: Complete iter	m 7a or 7b, and also
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		7. 110	em 7c; also complete iter	ms 7d-7g (if applicable
Cahaba Beach Investments, LLC				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME			
	FIRST NAME	MIDDLE	NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	·		
R				
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
Addit this assessment				
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADD'I INFO DE TA TAME OF OCONTIA	······································			
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	71. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID#, if an	y
AMENDMENT (COLLATERAL OLIANOS)				Пиои
AMENDMENT (COLLATERAL CHANGE); check only one box.				14014
Describe collateral V deleted or added, or give entire restated colla	aleral description, or describe collateral assign	red.		
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