A. NAME & PHONE OF CONTACT AT FILER [optional] John L. Hartman, III (205) 879-0500				= =15
B. SEND ACKNOWLEDGMENT TO: (Name and Address) John L. Hartman, III Hartman, & Carrier C. 11		20120123000025960 1/1 \$29.00 20120123000025960 1/1 \$29.00		
Hartman & Springfield P. O. Box 846 Birmingham, AL 35201-0846			0025960 1/1 \$23.00 y Judge of Probate 2 11:03:46 AM FILED	
a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPA	CE IS FOR FILING OFFIC	Tion and
20061024000523130, 20061024000523440, 20061	024000523510		1b. This FINANCING STAT	EMENT AMENDMEN
TERMINATION: Effectiveness of the Financing Statement Identified at CONTINUATION: Effectiveness of the Financing Statement Identifies continued for the additional period provided by applicable law.	bove is terminated with respect to	security interest(s) of the S	Secured Party authorizing this To	ermination Statement.
ASSIGNMENT (full or partiel): Give name of applicable law.		microsi(s) or the Secured	Party authorizing this Continue	ation Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7th AMENDMENT (PARTY INFORMATION): This Amendment affects	and address of assignee in item	7c; and also give name of	essignor in item 9.	
who create the of the following three boxes and provide appropriate information	on in Home 6 and in 7	of record. Check only one	of these two boxes.	
name (if name change) in item 7a or 7b and/or new address (if address of	b; also give new DELET	E name: Give record name	ADD name: Complete	Hom 7a or 7b. and al-
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	idinga) tri itatti / C. Lo De de	eleted in Item 6a or 6b.	item 7c; also complete	items 7d-7g (if applice
Cahaba Beach Investments, LLC				<u> </u>
6b. INDIVIDUAL'S LAST NAME		•		
	FIRST NAME		MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·			
76. INDIVIDUAL'S LAST NAME	FIRST NAME	· ····································	MIDDLE NAME	
			MIDDEE MAINE	SUFFIX
			STATE POSTAL CODE	COUNTRY
MAILING ADDRESS	CITY			COUNTRY
			OTATE POSTAL CODE	<u> </u>
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION				anv
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR			7g. ORGANIZATIONAL ID #, if	
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one has	7f. JURISDICTION OF OF	GANIZATION		
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one has	7f. JURISDICTION OF OF	GANIZATION		
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one has	7f. JURISDICTION OF OF	GANIZATION		
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one has	7f. JURISDICTION OF OF	GANIZATION		
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one has	7f. JURISDICTION OF OF aleral describe of the control of the scription, or describe of the control of the scription of the sc	GANIZATION ollateral assigned.	7g. ORGANIZATIONAL ID #, if	□ NC
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR . MENDMENT (COLLATERAL CHANGE): check only one box. secribe collateral deleted or added, or give entire restated collaboration.	7f. JURISDICTION OF OF aleral describe of the control of the scription, or describe of the control of the scription of the sc	GANIZATION ollateral assigned.	7g. ORGANIZATIONAL ID #, if	□ NC
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated collaboration. Unit 1312, Building 13, Lofts	7f. JURISDICTION OF OF aleral describe of the control of the scription, or describe of the control of the scription of the sc	GANIZATION ollateral assigned.	7g. ORGANIZATIONAL ID #, if	□ NC
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated collaboration. Unit 1312, Building 13, Lofts	7f. JURISDICTION OF OF aleral describe of the control of the scription, or describe of the control of the scription of the sc	GANIZATION ollateral assigned.	7g. ORGANIZATIONAL ID #, if	
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated collaboration. Unit 1312, Building 13, Lofts	7f. JURISDICTION OF OF aleral describe of the control of the scription, or describe of the control of the scription of the sc	GANIZATION ollateral assigned.	7g. ORGANIZATIONAL ID #, if	□ NC
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated collaboration. Unit 1312, Building 13, Lofts	7f. JURISDICTION OF OF aleral describe of the control of the scription, or describe of the control of the scription of the sc	GANIZATION ollateral assigned.	7g. ORGANIZATIONAL ID #, if	□ NC
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR . MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated collateral deleted or suit added, or give entire restated collateral deleted or Shelby County, Alabama.	at Edenton 7	ollateral assigned.	7g. ORGANIZATIONAL ID#, if	42, Page
ADD'L INFORE OF TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collaboration. Unit 1312, Building 13, Lofts Shelby County, Alabama. ME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	aleral description, or describe of the second secon	ollateral assigned.	7g. ORGANIZATIONAL ID#, if	42, Page
ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated collateral deleted or added, or give entire restated collateral shell by County, Alabama. Unit 1312, Building 13, Lofts Shelby County, Alabama.	at Edenton 7 MENDMENT (name of assigno	r, if this is an Assignment).	7g. ORGANIZATIONAL ID#, if	74d by a Deblor which
ADD'L INFORE ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated collateral from the state of	at Edenton 7 MENDMENT (name of assigno	r, if this is an Assignment).	Tg. ORGANIZATIONAL ID#, if	74d by a Deblor which
DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated collateral unit 1312, Building 13, Lofts	at Edenton 7 MENDMENT (name of assigno	ollateral assigned. th Amended Market Marke	Tg. ORGANIZATIONAL ID#, if	74d by a Deblor which

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)