UCC FINANCING STATEMENT AMENDM FOLLOWINSTRUCTIONS	ENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Randolph H. Lanier (205) 251-8100					
B. E-MAIL CONTACT AT FILER (optional)					
c. SEND ACKNOWLEDGMENT TO: (Name and Address)			: & E 	ALL T BL GO B GO L E G	
Randolph H. Lanier Balch & Bingham LLP		30140710000209	890 1/	1 \$.00	
1901 Sixth Avenue North, Suite 1500		Shelby Cnty Ju 07/10/2014 02:	idge of	Propate, HL	
Birmingham, Alabama 35203		0// 10/2014 02.			
				R FILING OFFICE USE O	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20061229000637740		1b. This FINANCING STATEM (or recorded) in the REAL Filer: attach Amendment Add	ESTATE		
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	ed above is terminated	with respect to the security interes	st(s) of Sec	cured Party authorizing this 1	Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item if For partial assignment, complete items 7 and 9 and also indicate affi			f Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement Ident continued for the additional period provided by applicable law	ified above with respec	t to the security interest(s) of Sec	ured Party	authorizing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:	eck <u>one</u> of these three b	oxes to:			
C.DRCK DUM D. DOM W. DUMEN		address: Complete ADD nam	ne: Comple and item 7	te item DELETE name: 0	Bive record name am 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAME	n Change - provide only	one name (6a or 6b)			
The Village at Highland Lakes, Ltd.					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME	Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not or	nit, modify, or abbreviate any part of t	he Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME				·	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
				<u> </u>	
8. COLLATERAL CHANGE: Also check one of these four boxes: Lindicate collateral:	ADD collateral	DELETE collateral	ESTATE c	overed collateral AS	SSIGN collateral
The above-referenced Financing Statement is here	oy terminated.				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TO If this is an Amendment authorized by a DEBTOR, check here and process of the control of th			ame of As	signor, if this is an Assignmen	t)
9a. ORGANIZATION'S NAME Compass Mortgage Corporation					
Compass Mortgage Corporation 9b. INDIVIDUAL'S SURNAME		IAI NIABAE	ADDITIO	NAL NAME(S)/INITIAL(S)	Teneriy
•	FIRST PERSON	AVE IAVIAE	וטוווטטרן	AUT MUNICIPALITATION	SUFFIX
	FIRST PERSON	AVE IAVIAIE	ADDITIO	AVE HVISIE (O) HITH HVE(O)	SUFFIX