UCC FINANCING STATEMENT AMENDME	NT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
Earlene Hayden (334) 244-9200		2014071500		
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		Sueiph Cuf	0214410 1/1 \$31.00 y Judge of Probate	. ^1
		<i>0771572</i> ⊕14	08:48:04 AM FILE)/CERT
Alabama Housing Finance Authority				
Attn: Earlene Hayden				
P. O. Box 242967 Montgomery, AL 36124-2967				
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1a. INITIAL FINANCING STATEMENT FILE #			b. This FINANCING STAT	EMENT AMENDMENT is
UCC #20090918000358530 9/18/2009			record] (REAL ESTATE RECOR	
2. TERMINATION: Effectiveness of the Financing Statement identified above				
3. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	above with respect to security interest	((s) or the Secured Pa	rty authorizing this Continua	ation Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	and address of assignee in item 7c; and	also give name of ass	ignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		ord. Check only one o	of these two boxes.	
Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6a or 6b;	; also give new DELETE name		ADD name: Complete	
name (if name change) in item 7a or 7b and/or new address (if address charge). CURRENT RECORD INFORMATION:	nge) in item 7cto be deleted in	item 6a or 6b.	item 7c, also complete	items 7d-7g (if applicable).
6a. ORGANIZATION'S NAME	······································		_ 	
Cobblestone Creek, Ltd. OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		AIDDLE NAME	SUFFIX
TOD. HADIAIDONE O ENOT IAMAE	L (LZ) LAVIAGE	\ "	TOPLE TANKE	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME		AIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANI	ZATION 7	g. ORGANIZATIONAL ID #	if any
ORGANIZATION DEBTOR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		g. Oftonialnitoland in	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				INCINE
Describe collateral deleted or added, or give entire restated colla	ateral description, or describe collater	ral assigned.		
TO BE FILED IN: Judge of Proba	ate SHELBY County			
No Additional Indebtedn	ness			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	ANAENIDAAENIT (
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized				
9a. ORGANIZATION'S NAME				
Alabama Housing Finance Authority, as administr	rator of Alabama's HOME		AIDDLE NAME	i ouceis
OU. THE THE UNITED AND LABOUR TATALETTE	INSTRAINE		WORF (AVIAIC	SUFFIX
10. OPTIONAL FILER REFERENCE DATA				
Cobblestone Creek 2006048				