

UCC FINANCING STATEMENT AMENDMEN	VT			
OLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Richard C. Fruechtenicht - 868-36	10			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Protective Life Insurance Comp	any			•
P. O. Box 2606				•
Birmingham, AL 35202				
ATTN: Investment Department				-
Alin. Investment Department				
i	THE ABOVE	SPACE IS FOR	FILING OFFICE US	EONLY
1999-10542 - filed March 12, 1999			INANCING STATEMEN	
1999-10542 - filed March 12, 1999		KX REAL	filed (for record) (or reco	orded) in the
. XXTERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) o			
CONTINUATION: Effectiveness of the Financing Statement identified about			<u> </u>	
continued for the additional period provided by applicable law.				
. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give nar	ne of assignor in ite	m 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects D		ببالكاب المسادات المسادات المسابق	عواليستان في المراجعة المسالة	
Also check one of the following three boxes and provide appropriate information in		unà <u>nite</u> ni mese tan	D DOXES.	
CHANGE name and/or address: Give current record name in item 6a or 6b; als		name 🗂 ADD	name: Complete item :	7a or 7b. and also
name (if name change) in item 7a or 7b and/or new address (if address change	e) in item 7c. to be deleted in item 6a or 6	b. item	7c; also complete items	7d-7g (if applicable)
CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME		·		
Riverside Parc. LLC (see Debto	r's address in Item	8)	AAAE	SUFFIX
OD. INDIVIDUAL'S LAST NAME	FIRSTNAME	INIDOLE IN	/MI⊏	JOURNA
. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
)R				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NA	MIDDLE NAME SUFFIX	
			<u> </u>	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	71. JURISDICTION OF ORGANIZATION	7g. ORGAN	NIZATIONAL ID #, if any	y
ORGANIZATION DEBTOR				NONE
. AMENDMENT (COLLATERAL CHANGE); check only one box.				
Describe collateral deleted or added, or give entire restated collate	ral description, or describe collateral assig	ned.		
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Debtor's Address:				
c/o Equity Resources, Inc.				
1950 Stonegate Drive, Suite 25	^			
	U			
Birmingham, AL 35242				
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	MENDMENT (name of assignor, if this is an Assi	anment). If this is a	n Amendment authorize	d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized		_		
9a. ORGANIZATION'S NAME				
Protective Life Insurance Company				
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N	AME	SUFFIX
O.OPTIONAL FILER REFERENCE DATA	<u></u>			
	~			
Loan 24629 - to be filed in Shelb	y County, AL			
		_ _ _ -		

20021007000489270 Pg 2/2 .00 Shelby Cnty Judge of Probate, AL 10/07/2002 15:37:00 FILED/CERTIFIED

FOL	LOW INSTRUCTIONS (front and band Instruction of Statement In 1999–10542 – filed	ck) CAREFULLY	
	NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME Protective Life	THIS AMENDMENT (same as ite	
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13.	Use this space for additional informa	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY