

UCC FINANCING STATEMENT AMENDMENT

A NAME & PHONE OF CONTACT AT FILER [optional]

Richard C. Fruechtenicht - (205) 868-3610

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Protective Life Insurance Company
P. O. Box 2606

Birmingham, AL 35202

ATTN: Investment Department

	THE ABOVE SPA	CE IS FOR FILING OFFICE USE O	NLY
10. INITIAL FINANCING STATEMENT FILE # 2001-01352 - filed 1/12/2001 - Shell	•	1b. This FINANCING STATEMENT A to be filed (for record) (or records REAL ESTATE RECORDS.	MENDMENT IS
2. TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the S		Statement
CONTINUATION: Effectiveness of the Financing Statement identified abordentinued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secured	Party authorizing this Continuation State	ment is
ASSIGNMENT (full or pertiel): Give name of assignee in item 7s or 7b and a	eddress of essignee in item 7c; and also give name of	assignor in item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects De	btor or Secured Party of record. Check only on	g of these two boxes.	-
Also check one of the following three boxes and provide appropriate information in it	•	a	
CHANGE name and/or address: Give current record name in item 6s or 6b; also name (it name change) in item 7s or 7b and/or new address (if address change)	DELETE name: Give record name in item 62 or 6b.	ADD name: Complete item 7s o	
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
Morning Sun Villas, L.L.C., an A	Alabama limited liabili	ty company	
86. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
R			<u> </u>
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
-		1	
d. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION	71. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
DEBTOR			NONE
. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe colleteral X deleted or added, or give entire restated colleter	al description, or describe colleteralassigned.		
IS A PARTIAL RELEASE OF COLLATERAL		•	
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FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)...