LLOW INSTRUCTIONS (front and back) CAREFULLY			_{ማመ} ጠፋ /	188	
NAME & PHONE OF CONTACT AT FILER [optional] Nancy Clarke - (205) 868-3605		Inst # 200	15-00-	700	:
. SEND ACKNOWLEDGMENT TO: (Name and Address)		······································			•
Protective Life Insurance Company P. O. Box 2606 Birmingham, Alabama 35202 ATTN: Investment Department		OS O7/2002 SHELLY COUNTY JUDGE S	-06489 TIFIE F PROBATE 5.00	3 ED	
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		THE ABO	VE SPACE IS	FOR FILING OFFICE This FINANCING STATES	
a. INITIAL FINANCING STATEMENT FILE # 2001-01352 - filed Shelby County, Alabama			IPI	to be filed [for record] (or reEAL ESTATE RECORDS	recorded) in the S.
TERMINATION: Effectiveness of the Financing Statement identified	d above is termin	nated with respect to security interest(s	s) of the Secure		
. CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law.	tified above with	respect to security interest(s) of the	Secured Party	authorizing this Continuation	on Statement is
. ASSIGNMENT (full or partial): Give name of assignee in item 7a o	r 7b and address	of assignee in item 7c; and also give	name of assign	or in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate inform CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address). CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	nation in items 6 or 6b; also give r is change) in item	and/or 7. new DELETE name: Give recondent for the deleted in item 6a condent for the deleted for the	cord name	ADD name: Complete ite item 7c; also complete ite	em 7a or 7b, and also ems 7d-7g (if applicable
Morning Sun Villas, L.L.C., an Alabama limited		ompany	Tiup	DLE NAME	SUFFIX
/Disk albanbulatic Lact NAME					JOUTTIA
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION:	FIR	ST NAME	MID		
		ST NAME		DLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		STNAME	MIC		
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