UCC FINANCING STATEMENT AMEND	DMENT				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]					
Nancy Clarke - (205) 868-3605				3865	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		Inst # 200	12-1	J660	
Protective Life Insurance Company		7			
P. O. Box 2606		- 2002-	138	65	
Birmingham, Alabama 35202 ATTN: Investment Department		03/25/2002-13865 12:26 PM CERTIFIFD			
		SHELBY COUNTY JUDGE OF PROBATE 25.00			
		SHELBY COUNTY JUDGE 25	.00		
1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPA	_	R FILING OFFICE USE OFFICE USE OFFICE USE	
2001-01352 - filed January 12, 2001			1 14/1	e filed (for record) (or recorde	ed) in the
2. TERMINATION: Effectiveness of the Financing Statement identifi	ied above is terminated with r	espect to security interest(s) of the S		· . · · · · · · · · · · · · · · · · · ·	n Statement.
3. CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.	entified above with respect to	security interest(s) of the Secured	Party auth	orizing this Continuation State	ement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assigne	e in item 7c; and also give name of a	assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affect	cts Debtor <u>or</u> Secu	red Party of record. Check only one	of these	two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate info  CHANGE name and/or address: Give current record name in item 6:		<b>]</b> DELETE name: Give record name	<b>□</b> A	D name: Complete item 7a d	or 7h, and also
name (if name change) in item 7a or 7b and/or new address (if addre	ess change) in item 7c.	to be deleted in item 6a or 6b.		m 7c; also complete items 7d	
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME		<del></del>			-
Morning Sun Villas, L.L.C., an Alabama limite	ed liability company	,			
66. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	·····				
Ta. ORGANIZATION O NAME					
75, INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZ	ATION 7f. JURISDICT	ION OF ORGANIZATION	│ │7a. ÖRG	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR				· · · · · · · · · · · · · · · · · · ·	Пион
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	THIS IS A P.	ARTIAL RELEASE (	F CO	LLATERAL.	LINON
Describe collateral deleted or added, or give entire restar					
Units 706 and 1002, in Horizon, a	Condominium	, as established	l by	that certain	
Declaration of Condominium of Hor	izon, a Cond	ominium, which i	is re	corded in	
Instrument 2001-40927, to which D			-		
Exhibit "A" thereto, said Plan be	•	<b>-</b>		•	
the Probate Office of Shelby Coun	•				•
Condominium the By-Laws of The Ho					1
Exhibit "D", together with an und to said unit, as shown in Exhibit					iea
Horizon, a Condominium.	C OI Salu	Declaration of	Cond	Omithium Of	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (non	ne of assignor if this is an Assignmen	nt). If this is	s an Amendment authorized by	y a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination	•		•		, a postor millor
9a. ORGANIZATION'S NAME					
Protective Life Insurance Company  9b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u> </u>	MIDDLE	NAME	SUFFIX
SU, HADIVIDUAL S LAST NAME	PIRST NAME		"""	, ar write	JOSEFIA
10, OPTIONAL FILER REFERENCE DATA					
Horizon Condos - to be filed in Shelby County, A	labama				

and the control of th