

LLOW INSTRUCTIONS (front and back) CAREFULLY				
NAME & PHONE OF CONTACT AT FILER (optional) Lick Fruechtenicht - (205) 868-3610				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
Protective Life Insurance Company P. O. Box 2606 Birmingham, Alabama 35223 ATTN: Investment Department				
	THE ABOVE S	PACE IS FOR	R FILING OFFICE USE	ONLY
. INITIAL FINANCING STATEMENT FILE #			FINANCING STATEMEN	
2001-01352 - filed Shelby County, Alabama on 1/12		<u> </u>	filed [for record] (or reco ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified at				
CONTINUATION: Effectiveness of the Financing Statement identifies continued for the additional period provided by applicable law.	ed above with respect to security interest(s) of the Secu	red Party author	rizing this Continuation S	tatement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	b and address of assignee in item 7c; and also give name	of assignor in it	em 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects				· · · · · · · · · · · · · · · · · · ·
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 6 name (if name change) in item 7a or 7b and/or new address (if address change)	6b; also give new hange) in item 7c. DELETE name: Give record not be deleted in item 6a or 6b.		D name: Complete item 7 n 7c; also complete items	a or 7b, and also 7d-7g (if applicabl
CURRENT RECORD INFORMATION:				· <u> </u>
6a. ORGANIZATION'S NAME	iahilitzz aammanzz			
- IN A	laumity company			
Morning Sun Villas, L.L.C., an Alabama limited li	· · · · · · · · · · · · · · · · · · ·	MIDDLE N	IAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	AME	SUFFIX
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE		SUFFIX
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6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME FIRST NAME CITY	MIDDLE	NAME	SUFFIX
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