



UCC FINANCING STATEMENT AMENDMEN				
OLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]				
Richard C. Fruechtenicht				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Protective Life Insurance Company P. O. Box 2606				
Birmingham, Alabama 35202				
ATTN: Investment Department				
	j <b>j</b>			
	THE ABOVE SE	ACE IS FO	R FILING OFFICE USE C	ONLY
1a. INITIAL FINANCING STATEMENT FILE #	10.001		FINANCING STATEMENT A filed [for record] (or records	
2001-01352 - filed Shelby County, Alabama - filed 1/12	/2001	Y REA	L ESTATE RECORDS.	30) III tilig
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the	Secured Part	y authorizing this Termination	n Statement.
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.</li> </ol>	e with respect to security interest(s) of the Secure	ed Party autho	rizing this Continuation State	ement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	ddress of assignee in item 7c; and also give name	of assignor in i	tem 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	tor <u>or</u> Secured Party of record. Check only	<u>one</u> of these t	wo boxes.	
Also check one of the following three boxes and provide appropriate information in ite	ems 6 and/or 7.			
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) in the change of the current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 6b	give new DELETE name: Give record name to be deleted in item 6a or 6b.		D name: Complete item 7a on 7c; also complete items 7d	*
6. CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME  Morning Sun Villas, L.L.C., an Alabama limited liabilit	tu company			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	<u> </u>			
7a. ORGANIZATION'S NAME				<u>-</u>
7b. INDIVIDUAL'S LAST NAME	ME FIRST NAME		NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	Za OBC	NIZATIONAL ID # if ony	
ORGANIZATION	71. JURISDICTION OF ORGANIZATION	/g. ORG/	ANIZATIONAL ID #, if any	
DEBTOR				NON
<ol> <li>AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.</li> <li>Describe collateral deleted or added, or give entire restated collatera</li> </ol>		•		
Describe collateral Pudeleted of Liauded, of give entire lifestated collatera	description, or describe collateral Lassigned	I •		
Unit 604, in Horizon, a Condominium, as established by the			r	•
which is recorded in Instrument 2001-40927, to which Dec	<b>→</b>			r
Plan being filed for record in Map Book 28, Page 141 in the Declaration of Condominium the By-Laws of The Horizon		•	-	
undivided interest in the Common Elements assigned to sa			<del>-</del>	
Horizon, a Condominium.		01 0010 20		
			— <u> </u>	
<ol><li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized to</li></ol>				y a Debtor which
9a. ORGANIZATION'S NAME	by a Destor, effect tiefe and effici fiating of DE			<del></del>
Protective Life Insurance Company				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
				ļ
ſ				
10. OPTIONAL FILER REFERENCE DATA				<u> </u>