



LICC EINANCINA	CTATEMENT A MENU					
	S STATEMENT AMENIS (front and back) CAREFULLY	DIVIENI				
A. NAME & PHONE OF C	ONTACT AT FILER [optional]					
Richard C. Fruechte		· · · · · · · · · · · · · · · · · · ·				
B. SEND ACKNOWLEDG	MENT TO: (Name and Address)					
•	fe Insurance Company					
P. O. Box 26	06 Alabama 35202					
_	stment Department					
	F ••••••					
<u> </u>			TIID 4 - 411 - 4 - 1			
1a. INITIAL FINANCING STAT	EMENT FILE #		THE ABOVE SPACE		R FILING OFFICE USE S FINANCING STATEMENT	
2001-01352 - file	d Shelby County, Alabama - f	iled 1/12/2001		to t	e filed [for record] (or record AL ESTATE RECORDS.	
	ectiveness of the Financing Statement identi			cured Pa	ty authorizing this Termination	
3. CONTINUATION: E continued for the addit	ffectiveness of the Financing Statement id onal period provided by applicable law.	entified above with respect to security in	terest(s) of the Secured F	Party auth	orizing this Continuation Sta	tement is
	or partial): Give name of assignee in item 7	a or 7b and address of assigned in item 7	c: and also aive name of a	ecianos in	item 0	· · · · · · · · · · · · · · · · · · ·
	INFORMATION): This Amendment affe		of record. Check only <u>one</u>			
Also check <u>one</u> of the follow	ring three boxes and provide appropriate info	ormation in items 6 and/or 7.	or record. Officer offiny office	or these	IWU DUXES.	
CHANGE name and/or name (if name change)	address: Give current record name in item 6 in item 7a or 7b and/or new address (if addr	a or 6b; also give new DELETE to be dele	name: Give record name eted in item 6a or 6b.	☐ A□	D name: Complete item 7a m 7c; also complete items 7	or 7b, and also
6a. ORGANIZATION'S N	ORMATION:					<u>ч и паррисаріє).</u>
	las, L.L.C., an Alabama limite	ed liability company				
6b. INDIVIDUAL'S LAST	NAME	FIRST NAME	····	MIDDLE	NAME	SUFFIX
						SUFFIX
CHANGED (NEW) OR AL	DED INFORMATION:				······································	
7a. ORGANIZATION'S N	AME	· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<u>. </u>	
7b. INDIVIDUAL'S LAST	NAME	FIRST NAME		1400		· · · · · · · · · · · · · · · · · · ·
		T INOT MAIVIL		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS	······································	CITY		STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGANIZATION ORGANIZATION		ATION 7f. JURISDICTION OF OR	7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any	
AAAENIDAAENIT (OOL)	DEBTOR					NONE
	TERAL CHANGE): check only <u>one</u> box. ted or added, or give entire restat	4				
						
Unit 1302, in Horizo	n, a Condominium, as establi	shed by that certain Declara	tion of Condomin	ium of	Horizon, a Condon	minium,
Willen is recorded in Plan being filed for i	Instrument 2001-40927, to w	hich Declaration of Condon	ninium a plan is a	ttached	as Exhibit "A" the	reto, said
Declaration of Cond	ecord in Map Book 28, Page ominium the By-Laws of The	Horizon Condominium As	Shelby County, A	Alaban ed as F	1a, and to which sai	ld r with an
individed interest in	the Common Elements assign	ned to said units, as shown i	n Exhibit "C" of s	aid De	claration of Condo	minium of
Horizon, a Condomi	nium.					
NAME OF SECURED F	PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of assigno	r, if this is an Assignment).	If this is	an Amendment authorized by	y a Debtor which
9a. ORGANIZATION'S NA		authorized by a Debtor, check here	ind enter name of DEBTC	R author	izing this Amendment.	
Protective Life Ins						
9b. INDIVIDUAL'S LAST N		FIRST NAME		MIDDLE N	NAME	SUFFIX
				_ 		
), OPTIONAL FILER REFEREN						
Horizon Condos - to	be filed in Shelby County, Al	abama				