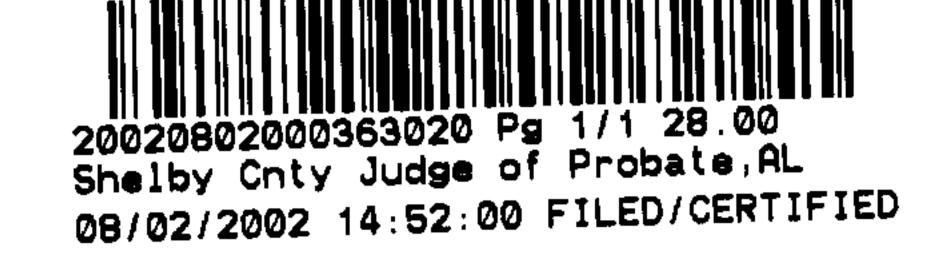
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A. NAME & F	HONE OF CONTAC	TAT FILER IOD	tionall	



	LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]				
	Richard C. Fruechtenicht - (205)	060 2610			
B . :	SEND ACKNOWLEDGMENT TO: (Name and Address)	909-3010			
	Protective Life Insurance Comp	any			
	P. O. Box 2606				
	Birmingham, AL 35202				
	ATTN: Investment Department				
	WITH. THACOCHEHC Debarchehr				
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a. i	NITIAL FINANCING STATEMENT FILE #			FILING OFFICE US	
2	2001-01352 - filed 1/12/2001 - She	lby County, AL	to be	filed (for record) (or rec	
	TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated with respect to security interest(s) of	the Secured Party	ESTATE RECORDS.	stion Statement
	CONTINUATION: Effectiveness of the Financing Statement identified				
	continued for the additional period provided by applicable law.				Statement is
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	nd address of assignee in item 7c; and also give nam	e of assignor in its	m 9.	
	MENDMENT (PARTY INFORMATION): This Amendment affects				
A	uso check <u>one</u> of the following three boxes <u>and</u> provide appropriate information	in items 6 and/or 7.	•	1	
⅃	CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address char	also give new DELETE name: Give record name) in item 7c. Lo be deleted in item 6a or 6b.		name: Complete item 7c; also complete items	7a or 7b, and also
	CURRENT RECORD INFORMATION:		110011	10, also complete instit	ru-ry (ii sppiicabie
ı	6a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·
R	Morning Sun Villas, L.L.C., an		lity com	pany	
	OD. HADIAIDOVE 2 FV21 MAWE	FIRST NAME	MIDDLE NA	ME	SUFFIX
	HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
	78. ORGANIZATION'S NAME				
R	7b. INDIVIDUAL'S LAST NAME	ICIOCTALALE			
Į		FIRST NAME	MIDDLE NA	ME	SUFFIX
	AAILING ADDRESS *	CITY	07477		
	•		STATE	POSTAL CODE	COUNTRY
<u>i.</u> 7	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7a OPGAN	IZATIONAL ID #, if any	
	ORGANIZATION DEBTOR		rg. Ortonie	IZATIONAL ID #, II any	
			•		. 1 5
	MENDMENT (COLLATERAL CHANGE); check and and and				NON
A	MENDMENT (COLLATERAL CHANGE): check only one box.				NON
De	escribe collateral X deleted or added, or give entire restated colla	teral description, or describe collateral assigne	d.		NON
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