



JCC FINANCING STATEMENT AMENDME	=NT		
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] Richard C. Fruechtenicht - (205) 868-3610			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Protective Life Insurance Company P. O. Box 2606			
Birmingham, Alabama 35202			
ATTN: Investment Department			
. INITIAL FINANCING STATEMENT FILE#	THE ABOV	E SPACE IS FOR FILING OFFICE US	
2001-01352 - filed 1/12/2001 - Shelby County, Alaba	ıma	to be filed [for record] (or record)	NT AMENDMENT corded) in the
TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of	REAL ESTATE RECORDS.  of the Secured Party authorizing this Termin	ation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	above with respect to security interest(s) of the Se	cured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and AMENDMENT (PARTY INFORMATION): This Amendment affects			
Also check one of the following three boxes and provide appropriate information	in items 6 and/or 7.	one of these two boxes.	
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 change)	also give new  DELETE name: Give record to be deleted in item 6a or 6		7a or 7b, and also
CURRENT RECORD INFORMATION:	to be deleted in item da of o	b. <u>item 7c; also complete items</u>	s /d-/g (if applicat
6a. ORGANIZATION'S NAME  Morning Sun Villas, L.L.C., an Alabama limited liab	vility, componer		·
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
		MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	<del></del>	······································	<del>-</del>
7b. INDIVIDUAL'S LAST NAME	TELES OF TAXABLE		
THE THE STATE OF T	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
		JOINIL JI OSINE CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
THE THE TIME THE TOURS OF THE LOT ORGANIZATION		•	
ORGANIZATION DEBTOR			<b>-</b>
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