

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Dichard C. Fruechtenicht - (205) 868-3610

S. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Protective Life Insurance Compa	any		
P. O. Box 2606			
Birmingham, AL 35202			
ATTN: Investment Department			
TILITIO MILITORIO DOPONIO			
	<b>§</b>		
<u></u>	THE ABOVE	SPACE IS FOR FILING OFFICE U	SE ONLY
. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEME	NT AMENDMENT IS
2001-01352 - filed 1/12/2001 - She	lby County, AL	to be filed [for record] (or record).  REAL ESTATE RECORDS.	corded) in the
TERMINATION: Effectiveness of the Financing Statement identified above	re is terminated with respect to security interest(s) of	the Secured Party authorizing this Termin	nation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified a	sbove with respect to security interest(s) of the Sec	cured Party authorizing this Continuation	Statement is
continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b as			
AMENDMENT (PARTY INFORMATION): This Amendment affects		nly <u>one</u> of these two boxes.	
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 6b;		name [TT] ADD name: Complete item	7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address char			s 7d-7g (if applicable).
CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME		······································	
Morning Sun Villas, L.L.C., an	Alabama limited liabi	lity company	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS +	CITY	STATE POSTAL CODE	COUNTRY
. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if ar	ıy —
DEBTOR			NONE
AMENDMENT (COLLATERAL CHANGE): check only one box.			
<del></del>		ned.	
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