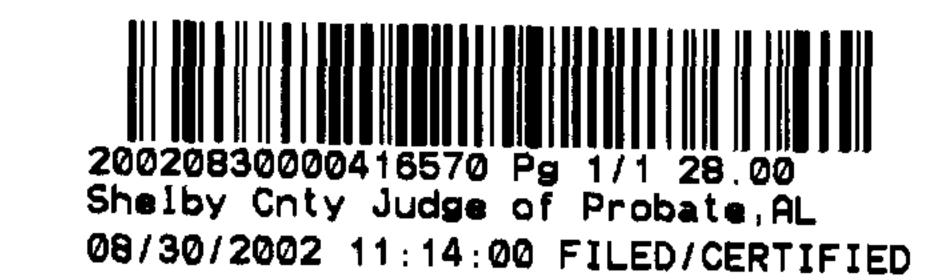
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JCC FINANCING STATEMENT AMENDMENT			
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Richard C. Fruechtenicht - (205) 86 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	68-3610		
<u></u>			
Protective Life Insurance Company	y "		
P. O. Box 2606			
Birmingham, AL 35202			
ATTN: Investment Department			
	THE ABOVE SPA	CE IS FOR FILING OFFICE USE C	NI Y
a. INITIAL FINANCING STATEMENT FILE #	·	1b. This FINANCING STATEMENT A	MENDMENT IS
2001-01352 - filed 1/12/2001 - Shelby	- 	to be filed [for record] (or records REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above is t			<u> اسم</u> ال سناسية
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to security interest(s) of the Secured	Party authorizing this Continuation State	sment is
. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ad		المستنب المساوعين ومسين المسيري ويبرون والمراج	
. AMENDMENT (PARTY INFORMATION): This Amendment affects Debt		e of these two boxes.	
Also check one of the following three boxes and provide appropriate information in item CHANGE name and/or address: Give current record name in item 6a or 6b; also partie (if name change) in item 7a or 7b and/or new address (if address change) in CURRENT RECORD INFORMATION:	give new [7] DELETE name: Give record name	ADD name: Complete item 7a o item 7c; also complete items 7d-	or 7b, and also -7g (if applicable).
6a. ORGANIZATION'S NAME			
Morning Sun Villas, L.L.C., an A.	labama limited liabili	ty company	
8b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			<u>. </u>
7b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
TO, INDIVIDUALS LAST NAME	FIRST NAME	MIDULE NAME	SOFFIX
. MAILING ADDRESS *	СПУ	STATE POSTAL CODE	COUNTRY
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NONE
. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral X deleted or added, or give entire restated collateral	description, or describe collateral assigned.		
IS A PARTIAL RELEASE OF COLLATERAL			
1604, in Horizon, a Condominium, as	established by that co	ertain Declaration	n of
lominium of Horizon, a Condominium, w			
h Declaration of Condominium a plan			
ng filed for record in Map Book 28, P	-	_	
oama, and to which said Declaration o	f Condominium the By-La	aws of The Horizon	a.
lominium Association is attached as Ex	xhibit "D" together wi	th an undivided in	nterest
the Common Elements assigned to said			
Condominium of Horizon, a Condominium		TDIC O OI SCIU	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by	NDMENT (name of assignor, if this is an Assignmen		y a Debtor which
9a. ORGANIZATION'S NAME			
Protective Life Insurance Company	; 		
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA	<u>1 </u>		<u></u>
Horizon Condos - to be filed in S	helby County, AI. (I.oan	24829)	
THE PERSON NAMED AND THE PARTY OF THE PARTY OF			