10/14/2002 08:29:00 FILED/CERTIFIED

	CC FINANCING STATEMENT AMENDME! LOW INSTRUCTIONS (front and back) CAREFULLY			
A.	NAME & PHONE OF CONTACT AT FILER [optional]			
	Richard C. Fruechtenicht - (205) SEND ACKNOWLEDGMENT TO: (Name and Address)	868-3610		
В.	SEIND ACKNOTTEDGMENT TO: (Name and Address)		-	
	Protective Life Insurance Compa	any		
	P. O. Box 2606			
	Birmingham, AL 35202			
	ATTN: Investment Department		•	
•				
1a.	INITIAL FINANCING STATEMENT FILE #	THE ABOVE 8	1b. This FINANCING STATES	
	2001-01352 - filed 1/12/2001 - Shel	Lby County, AL	to be filed [for record] (or	recorded) in the
2.	TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of t	he Secured Party authorizing this Term	
3.	CONTINUATION: Effectiveness of the Financing Statement identified at			
	continued for the additional period provided by applicable law.			
٤	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and			
	AMENDMENT (PARTY INFORMATION): This Amendment affects		one of these two boxes.	•
1	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; a	led give new DELETE name: Give record or	ame ADD name: Complete its	m 7a or 7b. and also
	name (if name change) in item 7a or 7b and/or new address (if address change) current record information:	to be deleted in item 6a or 6b.	item 7c; also complete its	ms 7d-7g (if applicab
•	6e. ORGANIZATION'S NAME			
	Morning Sun Villas, L.L.C., an	Alabama limited liabil	lity company	
DR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7.	CHANGED (NEW) OR ADDED INFORMATION:			
7.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
	7a. ORGANIZATION'S NAME	IFIRST NAME	MIDDLE NAME	SUEEIY
7. OR		FIRST NAME	MIDDLE NAME	SUFFIX
OR.	7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME STATE POSTAL CODE	SUFFIX
OR	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME			
OR 'c.	78. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION			COUNTRY
OR 'c.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
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FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)...