-	 		

## UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]			
	060 2610		
Richard C. Fruechtenicht - (205)  3. SEND ACKNOWLEDGMENT TO: (Name and Address)	000-3010		
		-	
Protective Life Insurance Comp	pany		
P. O. Box 2606			
Birmingham, AL 35202			
ATTN: Investment Department		•	
		•	
	THE ABOV	E SPACE IS FOR FILING OFFICE (	JSE ONLY
2001-01352 - filed 1/12/2001 - She	elby County, AL	1b. This FINANCING STATEM to be filed (for record) (or re REAL ESTATE RECORDS	ecorded) in the
TERMINATION: Effectiveness of the Financing Statement identified six	ove is terminated with respect to security interest(s)		
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security interest(s) of the S	scured Party authorizing this Continuation	n Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give n	ame of assignor in item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check	only <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 (if name change) in item 7a or 7b and/or new address (if address change). CURRENT RECORD INFORMATION:	proper in item 7c.  DELETE name: Give record to be deleted in item 6a or		m 7a or 7b, and also ms 7d-7g (if applicable).
Be. ORGANIZATION'S NAME	- Alabama limital liab	d 1 d to a company of the	
Morning Sun Villas, L.L.C., ar	رين ه دست پيرو بدستال مستخلفا مستخل <del>به دستان استخداد به دستان به دستان به دستان به دستان به دستان به دستان به دستا</del>		
#	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
)R			
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
- MAN INC ADDRESS			COUNTRY
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COONIKI
d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	71, JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, If s	inv
ORGANIZATION DEBTOR			·
			NONE
AMENDMENT (COLLATERAL CHANGE): check costs one box			
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