
	NSTRUCTIONS (front and back) CAREFULLY			
	& PHONE OF CONTACT AT FILER [optional]			
	chard C. Fruechtenicht - (205)	868-3610		
B. SEND /	ACKNOWLEDGMENT TO: (Name and Address)			
	- Protective Life Insurance Comp			
	P. O. Box 2606	any		
	Birmingham, AL 35202			
•	ATTN: Investment Department		·	
			·	
a. INITIAL	FINANCING STATEMENT FILE #	THE ABOVE S	PACE IS FOR FILING OFFICE	زمصوب والمساورة والمساورة
	-01352 - filed 1/12/2001 - She	lby County, AL	to be filed [for record] (or r	ecorded) in the
. TER	MINATION: Effectiveness of the Financing Statement identified abo	ve is terminated with respect to security interest(s) of the	REAL ESTATE RECORDS  ne Secured Party authorizing this Tem	
	VTINUATION: Effectiveness of the Financing Statement identified			
conti	nued for the additional period provided by applicable law.			
. ASS	IGNMENT (full or pertial): Give name of assignee in item 7s or 7b s	and address of assignee in item 7c; and also give name	of assignor in item 9.	
. AMENC	OMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check only	one of these two boxes.	
Also che	ck <u>one</u> of the following three boxes <u>and</u> provide appropriate information	in items 6 and/or 7.	1	
	NGE name and/or address: Give current record name in item 6a or 6b; (If name change) in item 7a or 7b and/or new address (if address cha	palso give new DELETE name: Give record name) in item 7c. Deleted in item 6a or 6b.	ADD name: Complete ite item 7c; also complete ite	m 7a or 7b, and also
CURRE	NT RECORD INFORMATION:			
	GANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·
	Morning Sun Villas, L.L.C., an	Alabama limited liabil	ity company	
'``  66. INC	DIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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-	ED (NEW) OR ADDED INFORMATION:			
-	ED (NEW) OR ADDED INFORMATION: GANIZATION'S NAME			
7a. OR	GANIZATION'S NAME			
7a. OR		FIRST NAME	MIDDLE NAME	SUFFIX
7a. OR 7b. IND	SANIZATION'S NAME			
7a. OR 7b. IND	GANIZATION'S NAME	FIRST NAME CITY	MIDDLE NAME  STATE POSTAL CODE	SUFFIX
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