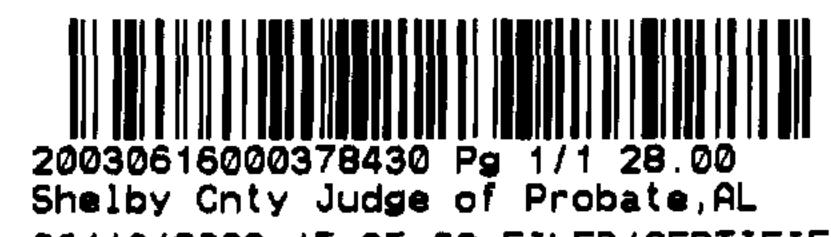
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06/16/2003 15:35:00 FILED/CERTIFIED

LLOW INSTRUCTIONS (front and back) CAREFULLY			
NAME & PHONE OF CONTACT AT FILER [optional]			
Fina McAninch (515) 248-8388 SEND ACKNOWLEDGMENT TO: (Name and Address)			
Principal Life Insurance Company 801 Grand Avenue Des Moines, Iowa 50392			
	THE ABOVE	SPACE IS FOR FILING OFFICE USE	
INITIAL FINANCING STATEMENT FILE #  998-43185 Shelby County, AL Date Filed	I 11/02/1000	1b. This FINANCING STATEMEN to be filed [for record] (or record	
	1 11/03/1998	REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above is		ر و منظم المنظم الم	
CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	we with respect to security interest(s) of the Sect	ured Party authorizing this Continuation St	atement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give nam	e of assignor in item 9.	
	btor or Secured Party of record. Check on		
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i	l—u	, <u></u> ~	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b	-
CURRENT RECORD INFORMATION:	to be deleted in item oa er eb.	aisocompletettems / e- / g (ii applic	apie).
6a. ORGANIZATION'S NAME	<del></del>	· · · · · · · · · · · · · · · · · · ·	······································
Loews Limited Partnership, a Florida limited parti		·	· .
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	TAUDOU E NIANGE	LOUIETIV
7 D. HADIAIDONE & ENGI MANAE	IFIKST INAIVIE	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
77 Arthur Godfrey Road 4th Floor	Miami Beach		
SEE INSTRUCTIONS   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	FL 33140 7g. ORGANIZATIONAL ID#, if any	USA
ORGANIZATION Limited Patnership	Florida	A0200000922	<b>-</b>
AMENDMENT (COLLATERAL CHANGE): check only one box.	rioriua	AUZUUUUU9ZZ	NOI
Describe collateral deleted or added, or give entire restated collater	al description, or describe collateral assign	ed.	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI	ENDMENT (name of assignor, if this is an Assign	nment). If this is an Amendment authorized	by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	ENDMENT (name of assignor, if this is an Assignor and enter name of E	nment). If this is an Amendment authorized DEBTOR authorizing this Amendment:	by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	ENDMENT (name of assignor, if this is an Assignor and enter name of E	nment). If this is an Amendment authorized DEBTOR authorizing this Amendment:	by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	ENDMENT (name of assignor, if this is an Assignor and enter name of Debtor, check here and enter name of Debtor name of Debtor and Enter name of D	nment). If this is an Amendment authorized DEBTOR authorizing this Amendment. MIDDLE NAME	by a Debtor which