

UCC FINANCING STATEMENT AMENDMENT

A NAME & PHONE OF CONTACT AT FILER [optional]

Richard C. Fruechtenicht - (205) 868-3610

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Protective Life Insurance Company
P. O. Box 2606

Birmingham, AL 35202

ATTN: Investment Department

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· · · · · · · · · · · · · · · · · · ·	THE AB	OVE SPACE IS FOR FILING OFFICE	USE ONLY
18. INITIAL FINANCING STATEMENT FILE # 2001-01352 - filed 1/12/2001	- Shelby County, AL	1b. This FINANCING STATES to be filed [for record] (or REAL ESTATE RECORD	recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement	identified above is terminated with respect to security interes	t(s) of the Secured Party authorizing this Ten	minetion Statement.
3. CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable is	,	ne Secured Party authorizing this Continuation	on Statement is
4. ASSIGNMENT (full or pertial): Give name of assignee in it	tem 7s or 7b and address of assignee in item 7c; and also give	ve name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment	nt affects Debtor or Secured Party of record. Ch	eck only one of these two boxes.	
Also check one of the following three boxes and provide appropris	•	a	
CHANGE name and/or address: Give current record name in name (if name change) in item 7s or 7b and/or new address (it	Item 6s or 6b; also give new DELETE name: Give not address change) in item 7c. to be deteted in item 6s		tem 7a or 7b, and also tems 7d-7g (If applicable)
6. CURRENT RECORD INFORMATION:			
69. ORGANIZATION'S NAME	^ -		
	C., an Alabama limited lia		·
OR 60. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME		•	
OR THE INCOMPANSE	FIDET MALIE	I tarren e al anece	1 A) FFF
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		- Incirc	
7c. MAILING ADDRESS 9	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG	GANIZATION 71. JURISDICTION OF ORGANIZATION	70. ORGANIZATIONAL ID #, H	
ORGANIZATION DEBTOR	THE THE THE THE TENT OF THE TE	W. OKSANICATIONAL ID #, II	· I NON
8. AMENDMENT (COLLATERAL CHANGE): check only one			
Describe colleteral X deleted or added, or give entire		assigned.	
S IS A PARTIAL RELEASE OF COL			•
t 1810 in Horizon, a Condomia	nium, as established by the	hat certain Declara	tion of
dominium of Horizon, a Condom	inium, which is recorded	in Instrument 2001-	40927, to
ch Declaration of Condominium	a plan is attached as Ex	hibit "A" thereto,	said Plan
ing filed for record in Map Boo	_		
bama, and to which said Declar			
dominium Association is attacl		•	
the Common Elements assigned	——————————————————————————————————————		
Condominium of Horizon, a Condominium of Hor		-	
			· •
9. NAME OF SECURED PARTY OF RECORD AUTHORIZ adds colleteral or adds the authorizing Debtor, or if this is a Termin			
9a. ORGANIZATION'S NAME			
Protective Life Insurance	Company		
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
			,
10, OPTIONAL FILER REFERENCE DATA	<u> </u>	······································	
Horizon Condos - to be fil	led in Shelhu County AT	(Loan 2/820)	
TOTAL TOTAL CO DE TIT	TER TH DHETDY COURTANT	LUCAH FACES	

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)-