

20040319000141700 Pg 1/1 28.00 Shelby Cnty Judge of Probate, AL 03/19/2004 13:20:00 FILED/CERTIFIED

	NG STATEMENTAN ONS (front and back) CAREFUL	LY			
	F CONTACT AT FILER [optional]				
··-··	C. Fruechtenicht DGMENTTO: (Name and Addre		368-3610		
,, out. 15 , 10, 11 to 11 L	POINT TO: (Hairie Blid Augist	199)		•	
Protec	tive Life Insura	nce Compan	ıy		
P. O.	Box 2606				
Birmin	gham, AL 35202				
ATTN:	Investment Depar	rtment		•	
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L INITIAL FINANCING S	TATEMENT FILE #	·		SPACE IS FOR FILING OFFICE	
2001-01352	- filed 1/12/200	01 - Shelb	y County, AL	to be filed (for record) (or	recorded) in the
TERMINATION:	Effectiveness of the Financing Staten	nent identified above is	terminated with respect to security interest(s) of t	the Secured Party authorizing this Tel	mination Statement.
CONTINUATION	: Effectiveness of the Financing Sta	terment identified army	in with reasonal to ancurity inter-still or the Span		
CONTINUED FOR THE B	portional principle provided by applicable	d 18W.		·	
·			ddress of assignee in item 7c; and also give name		· · · · · · · · · · · · · · · · · · ·
			tor or Secured Party of record. Check only	y one of these two boxes.	
	Noving three boxes <u>and</u> provide approved variety and provide approved the current record name			4 Complete M	
	Vor address: Give current record name ge) in item 7s or 7b and/or new address	ss (if address change)	in item 7c. DELETE name: Give record notes to be deleted in item 6a or 6b.	ADD name: Complete it Item 7c; also complete i	tem 7s or 7b, and elso tems 7d-7g (if applical
60. ORGANIZATION		<del></del>	······································		<del>·····································</del>
Mornin	g Sun Villas, L.I	L.C., an A	labama limited liabil	lity company	
66. INDIVIDUAL'S LA			FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OF	ADDED INFORMATION:				
7a. ORGANIZATION'S	SNAME				<u> </u>
	-				
7a. ORGANIZATION'S R 7b. INDIVIDUAL'S LA	-		FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LA	-				
7b. INDIVIDUAL'S LA	-		FIRST NAME .	MIDDLE NAME  STATE POSTAL CODE	SUFFIX
7b. INDIVIDUAL'S LA	N ADD'L INFO RE 76. TYPE OF C	ORGANIZATION		STATE POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LA	ST NAME	ORGANIZATION	CTTY		COUNTRY
7b. INDIVIDUAL'S LA MAILING ADDRESS TAX ID #: SSN OR E	N ADD'L INFO RE 7e, TYPE OF CORGANIZATION DEBTOR		CTTY	STATE POSTAL CODE	COUNTRY
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