النبيالني	LLOW INSTRUCTIONS (front and back) CAREFULLY				
IA	NAME & PHONE OF CONTACT AT FILER [optional]				
L	Richard C. Fruechtenicht - (2	05) 868-3610			
8.	SEND ACKNOWLEDGMENT TO: (Name and Address)				
			•		
	Protective Life Insurance Co	ompany			
	P. O. Box 2606				
	Birmingham, AL 35202				
	ATTN: Investment Departmen	ț.		•	
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	INITIAL EINIANCING STATEMENT DU CA	THE		OR FILING OFFICE U	<del></del>
1	INITIAL FINANCING STATEMENT FILE # 2001-01352 - filed 1/12/2001 - 1	Shelby County, AL		is FINANCING STATEME be filed [for record] (or re	
2.			.K I RE	AL ESTATE RECORDS	_
3	TERMINATION: Effectiveness of the Financing Statement identifies	d above is terminated with respect to security inte	rest(s) of the Secured Pr	orty authorizing this Termin	etion Statement.
	CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law.	nuan spoke wini tesbect to secreità inistestis) d	I the Secured Party gut	horizing this Continuation	Statement is
	ASSIGNMENT (full or partial): Give name of assignee in item 7s o				<u> </u>
<b>5.</b> /	AMENDMENT (PARTY INFORMATION): This Amendment affect	Debtor or Secured Party of record.	Check only one of these	two boxes.	
	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate inform				
	CHANGE name and/or address: Give current record name in item 6s on name (if name change) in item 7s or 7b and/or new address (if address)	or 6b; also give new DELETE name: Give s change) in item 7c. to be deleted in item	_	DD name: Complete item om 7c; also complete item	7a or 7b, and also s 7d-7g (If applicable
	CURRENT RECORD INFORMATION:  6e. ORGANIZATION'S NAME				
	Morning Sun Villas, L.L.C.,	an Alabama limited 1	ishility co	amta estate .	
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE		O KEN
		· · · · · · · · · · · · · · · · · · ·			SUFFIX
7. (	CHANGED (NEW) OR ADDED INFORMATION:			· · · · · · · · · · · · · · · · · · ·	<u></u>
	7a. ORGANIZATION'S NAME		<del></del>	· · · · · · · · · · · · · · · · · · ·	
r 10		1			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
	75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
	7b. INDIVIDUAL'S LAST NAME  AAILING ADDRESS	FIRST NAME	MIDDLE	NAME POSTAL CODE	SUFFIX
7c. A	AAILING ADDRESS	CTTY	STATE	POSTAL CODE	COUNTRY
7c. A	TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	CITY	STATE		COUNTRY
7c. A	TAX ID #: SSN OR EIN ADD'L INFO RE 70. TYPE OF ORGANIZATION DEBTOR	CTTY	STATE	POSTAL CODE	COUNTRY
7c. A	TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE); check only one box.	ON 71. JURISDICTION OF ORGANIZATIO	STATE ON 7g. ORG	POSTAL CODE	COUNTRY
7c. A	MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.   escribe colleteral   X   deleted or   added, or give entire   restated	CITY  ON 7f. JURISDICTION OF ORGANIZATIO  collateral description, or describe collateral	STATE ON 7g. ORG	POSTAL CODE	COUNTRY
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