

		. 4071172004 13.40.00	FILED/CERTIF
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C FINANCING STATEMENT AMENDMEN	•	•	
LOW INSTRUCTIONS (front and back) CAREFULLY			
VAME & PHONE OF CONTACT AT FILER (options)	260 2610		
Richard C. Fruechtenicht - (205)	208-3014		
SEND ACKNOWLEDGMENT TO: (Name and Address)	· —		
Protective Life Insurance Compan	y	•	
P. O. Box 2606		-	
Birmingham, AL 35202			
ATTN: Investment Department		• • • • • • • • • • • • • • • • • • •	•
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		nace to pool by MA OFFICE HOE	
		PACE IS FOR FILING OFFICE USE 15. THE FINANCING STATEMENT	
INITIAL FINANCING STATEMENT FILE # 2001-01352 - filed 1/12/2001 - Shelb	y County, AL	To be filed for record (or record REAL ESTATE RECORDS.	ied) in the
TERMINATION: Effectiveness of the Financing Statement identified above is		الزارا المستجه والمستجهد والمستجهد والمستجهد والمستجهد والمستجهد والمستجهد والمستجهد والمستجهد والمستجهد والمستح	on Statement.
CONTINUATION: Effectiveness of the Financing Statement identified above	re with respect to security interest(s) of the Secur	ed Perty enthorizing this Continuation Sta	tement is
continued for the additional period provided by applicable "ew.			
ASSIGNMENT (full or pertial): Give name of assignee in item 7s or 7b and s	address of assignee in item 7c; and also give name	of assignor in Nem 8.	
AMENDMENT (PARTY INFORMATION): This Amendment effects Det	btor or Secured Party of record. Check only	gge of these two bases.	
Also check one of the following three boxes and provide appropriate information in it. CHANGE name and/or address: Give current record name in item 6s or 6b; also	n aive new "" DELETE neme: Give record M	ume MDD name: Complete item 7s	or 7b, and also
Ustue (It bettle chaude) at leath is at its author haw sociess in sociess chaude)	In item 7c. to be deleted in item 6a or 6b.	Rem 7c; also complete items 7	d-7g (if applicable).
CURRENT RECORD INFORMATION: Be. ORGANIZATION'S NAME			<u></u>
Morning Sun Villas, L.L.C., an A	Alabama limited liabil	lity company	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		<u> </u>	
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			•
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
		7g. ORGANIZATIONAL ID #, W eny	<u> </u>
TAX ID #: SSN OR EIN ADD'L INFO RE 70. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	71. JURISDICTION OF ORGANIZATION	/g. ORGANIZATIONAL ID II, II IIIY	NON
AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe colleteral X deleted or added, or give entire restated colleten	al description, or describe collateralassign	♦d.	•
IS A PARTIAL RELEASE OF COLLATERAL			<i></i>
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