UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PHONE OF CONTACT AT FILER (optional)	NT		She 1	0712000383820 Pg by Cnty Judge of 2/2004 01:05:00 F	Probat		
Richard C. Fruechtenicht - (205 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Protective Life Insurance Compa P. O. Box 2606 Birmingham, AL 35202 ATTN: Investment Department)_268-361 any				-		
1a. INITIAL FINANCING STATEMENT FILE 8 2001-01352 - filed 1/12/2001 - She 2 2. TERMINATION: Effectiveness of the Financing Statement identified above 3. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	e is terminated with	:y, AL respect to security interest(s) of the	1b. This to be REAL Secured Part		AMENDM ed) in the n Statem		
4. ASSIGNMENT (full or pertief): Give name of assignee in item 7s or 7b and 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate information is	Debtor or Second	ured Party of record. Check only	of these to	o bouse.			
CHANGE name and/or address: Give current record name in Item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change). 6. CURRENT RECORD INFORMATION: 8a. ORGANIZATION'S NAME	Qe) in item 7c.	DELETE name: Give record name to be deleted in item 6a or 6b.	<u>her</u>	name: Complete item 7e 7c: also complete items 7:	or 76, and d-7g (If ac	picable).	
Morning Sun Villas, L.L.C., an OR SO. INDIVIDUAL'S LAST NAME	Alabama			mpaný:	SUFF		
7. CHANGED (NEW) OR ADDED INFORMATION: 74. ORGANIZATION'S NAME			•				
76. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MIDOLE NAME		SUFFIX	
TO MAILING ADDRESS THE TAX ID #: SSN OR EIN ADD'L INFO RE TO TYPE OF ORGANIZATION ORGANIZATION DEBTOR	71. JURISDICT	71. JURISDICTION OF ORGANIZATION		POSTAL CODE	COU		
B. AMENDMENT (COLLATERAL CHANGE): check only one box.						NONE	
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