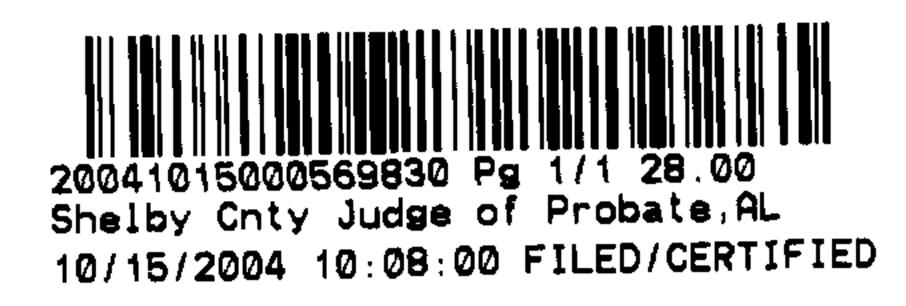
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OLLOW INSTRUCTIONS (front and back) CAREFULLY					
N. NAME & PHONE OF CONTACT AT FILER [optional]  Richard C. Fruechtenicht - (205) 268-3610					
3. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Ductostivo I ifo Ingramono Commonva					
Protective Life Insurance Company P. O. Box 2606					
Birmingham, Alabama 35202					
ATTN: Investment Department					
		• .			
INCIAL FINIANCINO OTATEMENTEU E #	THE ABOVE	بطائد المساوي	R FILING OFFICE USE		
a. INITIAL FINANCING STATEMENT FILE # 2001-01352 - filed 1/12/2001 - Shelby County, AL		to be filed [for record] (or recorded) in the			
	s terminated with respect to security interest(s) of the S	REAL ESTATE RECORDS.  Dect to security interest(s) of the Secured Party authorizing this Termination Statement.			
CONTINUATION: Effectiveness of the Financing Statement identified abo	ve with respect to security interest(s) of the Secured	Party author	rizing this Continuation Sta	tement is	
continued for the additional period provided by applicable law.					
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name of	assignor in i	tem 9.		
	btor or Secured Party of record. Check only on	e of these t	wo boxes.		
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in it. CHANGE name and/or address: Give current record name in item 6a or 6b; also		e <b>[</b> " AD	D name: Complete item 7a	or 7b, and also	
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) CURRENT RECORD INFORMATION:	in item 7c. to be deleted in item 6a or 6b.	iter	n 7c; also complete items 7	d-7g (if applicable	
6a. ORGANIZATION'S NAME		·		<del></del>	
Morning Sun Villas, L.L.C., an Alabama limited liab	ility company				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUFF		
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME		, <u>, , = 15 - 731</u> 1			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX			
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any			
DEBTOR				NON	
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Describe collateral deleted or added, or give entire restated collater	al description, or describe collateral assigned.				
Describe collateral deleted or added, or give entire restated collaterated	al description, or describe collateral assigned.				
Describe collateral deleted or added, or give entire restated collater. THIS IS A PARTIAL RELEASE OF COLLATERAL.		•	• T T :	• •	
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