



UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] Richard C. Fruechtenicht - (205) 268-3610			
			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Protective Life Insurance Company			
P. O. Box 2606			
Birmingham, Alabama 35202 ATTN: Investment Department			
ATTIV. Investment Department			
	THE ABOVE	SPACE IS FOR FILING OFFICE I	ISE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM	
2001-01352 - filed 1/12/2001 - Shelby County, AL		to be filed [for record] (or r	ecorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is	e terminated with respect to security interest(s) of	The Secured Party authorizing this Term	
			
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Sect	ured Party authorizing this Continuation	n Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a			······································
la de la companya de	btor <u>or</u> Secured Party of record. Check on	ly <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate information in i			
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)	o give new DELETE name: Give record r o in item 7c. to be deleted in item 6a or 6b.		m 7a or 7b, and also ms 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
Morning Sun Villas, L.L.C., an Alabama limited liab	ility company		
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7 CHANGED (NEW) OR ADDED INFORMATION:			
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	······································		. <u> </u>
Tu. Ortonitizzation on thing.			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
TO. INDIVIDUAL S CAST NAME	FIRST NAIVIE	WIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE); check only one box.	<u></u>		
Describe collateral deleted or added, or give entire restated collater	al description or describe collateral lassion	o <i>d</i>	
Describe Collateral Ladeled of Ladeled, of Give entire Latestated Collater	al description, or describe collateral Lassign	eu.	
THIS IS A PARTIAL RELEASE OF COLLATERAL.			
THIS IS A FACTIAL RELEASE OF COLLAIERAL.			
Unit 1005 in Harizan a Candaminium as astablished by	that contain Declaration of Cand	aminium af Harigan, a Car	n domaininum
Unit 1005, in Horizon, a Condominium, as established by			•
which is recorded in Instrument 2001-40927, to which De	-		•
Plan being filed for record in Map Book 28, Page 141 in t			
Declaration of Condominium the By-Laws of The Horizo			
undivided interest in the Common Elements assigned to s	aid units, as shown in Exhibit "C'	' of said Declaration of Co	ndominium of
Horizon, a Condominium.			
		······································	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM			
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name of L	DEBTOR authorizing this Amendment.	· · · · · · · · · · · · · · · · · · ·
9a. ORGANIZATION'S NAME			
Protective Life Insurance Company			
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA	<u></u>		
Horizon Condos - to be filed in Shelby County, Alabama	(Loan No. 24829)		
TAGETHOR CORNES TO DE MICHOLIN ONCION COUNTRY, MIAUAINA	(DUGII 110, 27027)		