UCC FINANCING STATEMEN FOLLOW INSTRUCTIONS (front and back) CAR A. NAME AND PHONE OF CONTACT AT FILE B. SEND ACKNOWLEDGMENT TO: (Name and RICHARDSON CONSULT 505 A SAN MARIN DR., S NOVATO, CA 94945 (415) 898-7200	R [optional] ING GROUP, INC.				Inst * 2002-15149	OR: OF FM CERTIFIED SHELBY CHINTY JUNE OF PROBATE SHELBY CHINTY JUNE OF PROBATE OR MAS
					FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE # # 2001-11916 recorded on 03/30/2001 to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.						
2. TERMINATION: Effectiveness of the Financi	ng Statement identified above is t	terminated with respe				on Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.						
4. ASSIGNMENT: FULL or PARTIAL. Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.						
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c BLETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also to be deleted in item 6a or 6b. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME						
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		<u> </u>				<u> </u>
7a. ORGANIZATION'S NAME LaSalle Bank National Association, as OR Through Certificates, Series 2001-C2		d holders of GM	AC Commercial Mortga	age Securities,	Inc., Mortgage I	Pass-
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
135 S. LaSalle St., 16th Floor		Chicago		IL	60603	
ADD'NL INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION Trust	7f. JURISIDCTION (OF ORGANIZATION	7g. ENTITY'S OR	RGANIZATIONAL ID#,	, if any NONE
8. AMENDMENT (COLLATERAL CHANGE): check only	y one box.			<u> </u>		
Describe collateral released or added, or give	entirerestated collateral descr	ription.				
9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.						
9e. ORGANIZATION'S NAME		<u> </u>		-		SUFFIX
Archon Financial, L.P. 9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLES		
		PINO I NAME		MIDDLE NAME		
10. OPTIONAL FILER REFERENCE DATA LaSalie-	GMAC2001C2 Loan# 20	08-0255-000 R	CG# 019 UCC.1 AL,	Shelby		

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

12. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

Book: Page: # 2001-11916

13. NAME of SECURED PARTY of RECORD (same as item 9 on Amendment form)

13a. ORGANIZATION'S NAME
Archon Financial, L.P.

OR

13B. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME, SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor 1 Info: RIVER PLACE, LLC

14. Use this space for additional information

951 18TH STREET, SUITE 200 BIRMINGHAM AL 35205