

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] FRANK SNIP (949) 470-3960
B. SEND ACKNOWLEDGMENT TO: (Name and Address) WHEN RECORDED RETURN TO: KC WILSON & ASSOCIATES 23232 PERALTA DR. STE. 218 LAGUNA HILLS, CA 92653 83 Gmac 02 C3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # DOC#20020605000263660 PG 1/7 6/5/2002 SHELBY CO., AL	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input checked="" type="checkbox"/>
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.	
3. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).	
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME WELLS FARGO BANK MINNESOTA, N.A. AS TRUSTEE* OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX	
7c. MAILING ADDRESS: 751 Kasota Ave, Suite MDC CITY: Minneapolis STATE: MN POSTAL CODE: 55414 COUNTRY: USA	
7d. SEE INSTRUCTIONS	7e. TYPE OF ORGANIZATION ADD'L INFO RE ORGANIZATION DEBTOR
7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned. ASSIGNS ALL COLLATERAL PER ORIGINAL FINANCING STATEMENT	

*** FOR THE REGISTERED HOLDERS OF GMAC COMMERCIAL MORTGAGE SECURITIES INC., MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2002-C3**

SEE ATTACHED LEGAL DESCRIPTION EXHIBIT A

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 which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME ARCHON FINANCIAL, LP			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
10. OPTIONAL FILER REFERENCE DATA MEADOW LAKE BP, LLC (DEBTOR)			

EXHIBIT A

Lot 6-HA, according to the Map of Graham-Means Resurvey as recorded in Map Book 27, Page 78,
in the Probate Office of Shelby County, Alabama.