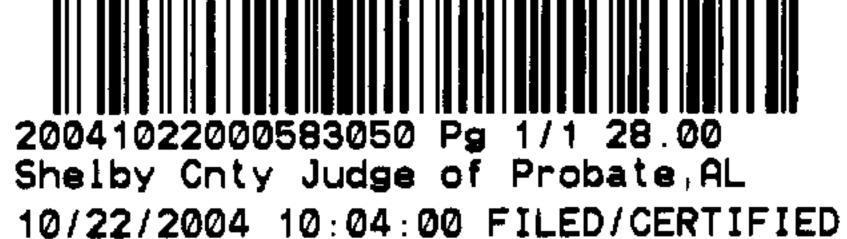
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## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Paige Benedict (888) 236-0007 B. SEND ACKNOWLEDGMENT TO: (Name and Address) 1-800-285-3984 ext. 3847 ATTN: AMANDA HAYES CHOICEPOINT GOVT. SERV 2885 BRECKINRIDGE BLVD., STE 200 **DULTUH, GA 30096** POD 831.175 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE# to be filed [for record] (or recorded) in the Inst # 1999-45407 filed 11/04/1999, Shelby County, AL REAL ESTATE RECORDS. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 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. SSIGNMENT (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. Secured Party of record. Check only one of these two boxes. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor <u>or</u> Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. DELETE name: Give record name ADD name: Complete item 7a or 7b, and also 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. to be deleted in item 6a or 6b. item 7c; also complete items 7d-7g (if applicable). 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME SUFFIX 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME LaSalle Bank National Association, as Indenture Trustee under that certain Indenture dated as of\*\* FIRST NAME MIDDLE NAME 7b. INDIVIDUAL'S LAST NAME SUFFIX COUNTRY 7c. MAILING ADDRESS STATE POSTAL CODE Chicago 60674-4107 135 S. LaSalle Street, Suite 1625 ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7d. TAX ID#: SSN OR EIN 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION **DEBTOR** NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire estated collateral description, or describe collateral \*\*February 28, 2003 among MSDWMC Owner Trust 2003-F1, LaSalle Bank National Association, as Indenture Trustee and Custodian, and Wells Fargo Bank Minnesota National Association, as Trust Administrator All collateral in original financing statement is being assigned. 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 and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME American Commercial Capital LLC - 5963 LaPlace Court, Suite 300, Carlsbad, CA 92008 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 10. OPTIONAL FILER REFERENCE DATA Debtor: South Tacala, LLC - 831.175