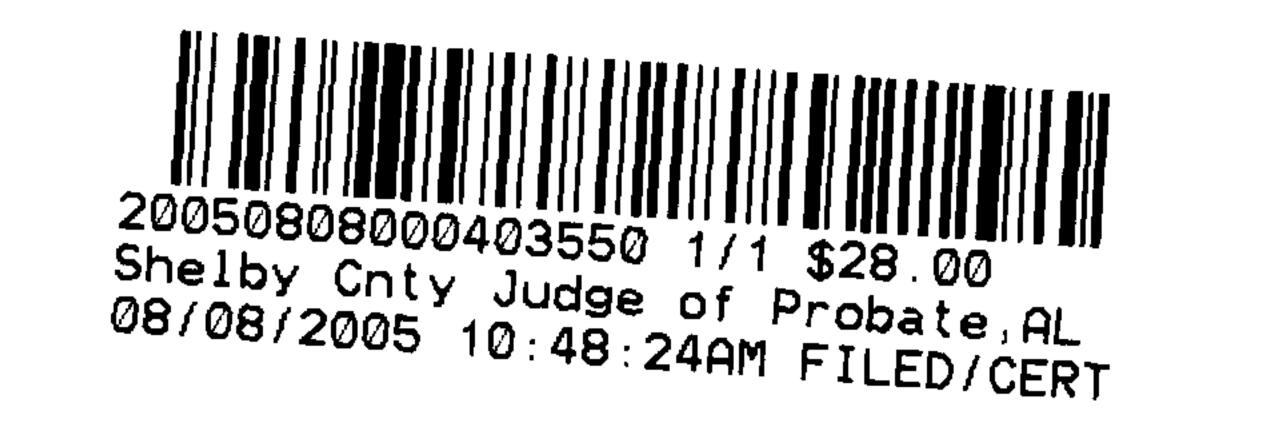
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UCC FINANCING STATEMENT AMENDMEN	JT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
FRANK SNIP (949) 470-	3060			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	3700			
KC WILSON & ASSOCIATES LN:48-2005-	-C17WACH			
23232 PERALTA DR., STE 218				
LAGUNA HILLS, CA 92653				
			• • • • • • • • • • • • • • • • • • •	
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE S	1b. This FINANCING STATEN		
20050304000103720 03/04/2005	SHELBY CO., AL	to be filed [for record] (or	recorded) in the	
2. TERMINATION: Effectiveness of the Financing Statement identified above		he Secured Party authorizing this Terr		
3. CONTINUATION: Effectiveness of the Financing Statement identified about 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 De	ebtor <u>or</u> Secured Party of record. Check onl	y <u>one</u> of these two boxes.		
Also check one of the following three boxes and provide appropriate information in				
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a also complete items 7e-7g (if a		
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
WELLS FARGO BANK, N.A., AS TRUSTEE*				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX		
			<u></u>	
7c. MAILING ADDRESS CMBS CERTIFICATIONS	CITY	STATE POSTAL CODE	COUNTRY	
751 KASOTA AVENUE, SUITE MDC	MINNEAPOLIS	MN 55414		
7d. SEEINSTRUCTIONS 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. Describe collateral deleted or added, or give entire restated collater *FOR THE REGISTERED HOLDERS OF WACHO MODITION OF DASS THROUGH CERTIFICATES.	VIA BANK COMMERCIAL M		OMMERCIAL	
MORTGAGE PASS-THROUGH CERTIFICATES, S	ERIES 2005-CI/			
FULL ASSIGNMENT-ASSIGNS ALL COLLATERA	I AS RECITED IN ORIGINAL	FINANCING STATE	MENT	
		LITHING SIAILI	VIRUIN I	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized				
9a. ORGANIZATION'S NAME				
OR WACHOVIA BANK, NATIONAL ASSOCIATION OR INDIVIDUAL STANDAR				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
10.OPTIONAL FILER REFERENCE DATA TO TRANSPORT A GO. TRANSPORTED CO. T. T. C.				
DEBTOR: 100 INVERNESS LLC				

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)