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Shelby Cnty Judge of Probate, AL
08/08/2005 10:48:25AM FILED/CERT

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) KC WILSON & ASSOCIATES 23232 PERALTA DR., STE 218 LAGUNA HILLS, CA 92653	
LN:107-2005-C17WACH	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 20041119000637520		11/19/2004		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							
OR							
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
7c. MAILING ADDRESS CMBS CERTIFICATIONS 751 KASOTA AVENUE, SUITE MDC				CITY MINNEAPOLIS		STATE MN	
				POSTAL CODE 55414		COUNTRY	
7d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR		7e. TYPE OF ORGANIZATION		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.							

***FOR THE REGISTERED HOLDERS OF WACHOVIA BANK COMMERCIAL MORTGAGE TRUST, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2005-C17**

FULL ASSIGNMENT-ASSIGNS ALL COLLATERAL AS RECITED IN ORIGINAL FINANCING STATEMENT

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 WACHOVIA BANK, NATIONAL ASSOCIATION			
OR			
9b. INDIVIDUAL'S LAST NAME		FIRST NAME	
		MIDDLE NAME	
		SUFFIX	
10. OPTIONAL FILER REFERENCE DATA DEBTOR: AHT RESIDENCE INN II LIMITED PARTNERSHIP			