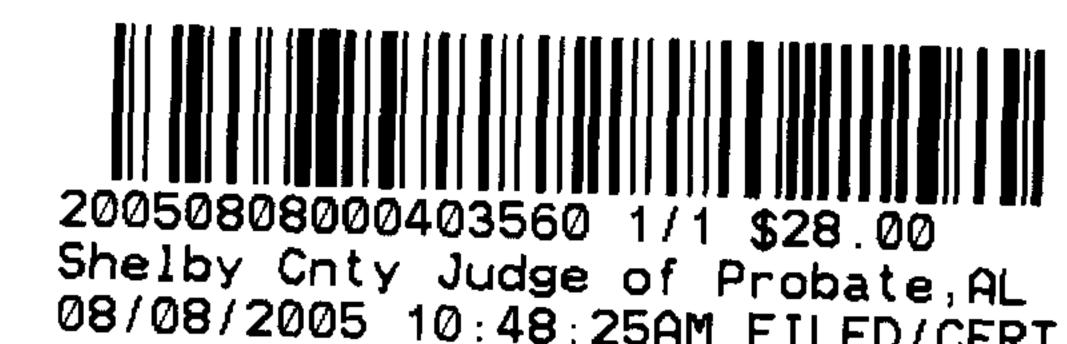
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		08/0	8/2005 10:48:25AM	FILED/CERT			
UCC FINANCING STATEMENT AMENDMEN	<b>T</b>						
FOLLOW INSTRUCTIONS (front and back) CAREFULLY							
A. NAME & PHONE OF CONTACT AT FILER [optional]							
FRANK SNIP  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  (949) 470-3	960						
KC WILSON & ASSOCIATES							
23232 PERALTA DR., STE 218							
LAGUNA HILLS, CA 92653							
LN:107-2005-C17WACH		R FILING OFFICE USE					
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the					
20041119000637520 11/19/2004	SHELBY CO., AL	REAL ESTATE RECORDS.					
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the	Secured Part	y authorizing this Termination	n Statement.			
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secured	Party author	rizing this Continuation Stat	ement is			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name of	assignor in it	em 9				
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De							
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in it		<u>no</u> or these th	TO DUXUS.				
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.		ame: Complete item 7a or 7b, mplete items 7e-7g (if applica	,			
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	L to be deleted in item of or ob.	alsoco	Triplete iterns / e- / q (ii applica				
OR 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			
7- MAILING ADDDECC		CTATE	IDOCTAL CODE	COUNTRY			
7c. MAILING ADDRESS CMBS CERTIFICATIONS	CITY  BATELLE A BOOK TO	STATE	POSTAL CODE	COUNTRY			
751 KASOTA AVENUE, SUITE MDC  7d. SEEINSTRUCTIONS ADD'L INFO RE   7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g ORGA	55414 NIZATIONAL ID #, if any				
ORGANIZATION DEBTOR	71, JUNISDICTION OF ORGANIZATION	rg. Cittor	NIVIER ID #, II ally	NONE			
8. AMENDMENT (COLLATERAL CHANGE): check only one box.							
Describe collateral deleted or added, or give entire restated collatera	al description, or describe collateralassigned.						
*FOD THE DECICTEDED HOLDEDS OF WACHON		DTCAC	ETDICT COM				
*FOR THE REGISTERED HOLDERS OF WACHOV MORTGAGE PASS-THROUGH CERTIFICATES, S		KIGAG	E IRUSI, COM	VIERCIAL			
MORIGAGE PASS-THROUGH CERTIFICATES, S	ENIES ZUUS-CI/						
FULL ASSIGNMENT-ASSIGNS ALL COLLATERA	L AS RECITED IN ORIGINAL I	FINANC	ING STATEMEN	<b>VT</b>			
				<b>\                                    </b>			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENION/ENIT /nome of accioner if this is on Assignmen	and) If this is	on Amondment outbooksed b	v a Dabtas which			
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	·	-		y a Debtor Which			
9a. ORGANIZATION'S NAME	<u></u>						
WACHOVIA BANK, NATIONAL ASSOCIATION	1						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	VAME	SUFFIX			
10. OPTIONAL FILER REFERENCE DATA							
DEBTOR: AHT RESIDENCE INN II LIMITED PAR	TNERSHIP						

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