



UCC FINANCING STATEMENT AMENDM	ENT					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]						
Jennifer West (405) 236-0003						
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)						
Anderson, McCoy & Orta PC						
100 North Broadway						
Suite 2600						
Oklahoma City, OK 73102						
AMO File No: 1525.039						
		TILE A DOLLE OF				
1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE SP		OR FILING OFFICE		
20060407000161160 filed 4/7/2006 in Shelby County, AL			to be filed (for record) (or recorded) in the REAL ESTATE RECORDS			
2. TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated with respec	to security interest(s) of the Secur	ed Party au	thorizing this Termination	Statement.	
3. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	pove with respect to security	interest(s) of the Secured Party au	thorizing thi	s Continuation Statement		
4. ASSIGNMENT (full)or partial): Give name of assignee in item 7a or 7b and	nd address of assignee in ite	m 7c; and also give name of assign	nor in item 9	·		
5. AMENDMENT (PARTY INFORMATION): This amendment affects	Debtor <u>or</u> Secure	ed Party of Record. Check only on	e of those b	oxes.		
Also check one of the following three boxes and provide appropriate information in			air continuis.		• -	
CHANGE name and/or address: Give current record name in item 6A or 6E name (if name change) in item 7a or 7b and/or new address (if address ch	· —	DELETE name: Give record name o be deleted in item 6a or 6b.	· ·	ADD name: Complete iten tem 7c; also complete iter		
6. CURRENT RECORD INFORMATION:						
6a. ORGANIZATION'S NAME 224 HM PRIVATE INVESTOR II, LLC, an Al	ahama limitad li	ability company				
			5 2710	ነ <b>ጋ</b>		
c/o ACC Investments, 3325 Healy Drive, Suit	FIRST NAME	alem, North Carolina	MIDDLE		SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:		· · · · · · · · · · · · · · · · · · ·				
7a. ORGANIZATION'S NAME WELLS FARGO BANK, N.A., AS TRUSTEE	FOR THE REG	ISTERED HOLDER	S OF	JP MORGAN	CHASE	
COMMERCIAL MORTGAGE SECURITIES (						
CERTIFICATES, SERIES 2006-LDP7	J J , , , , , , , , , , , , , , , , , ,					
R 7b. INDIVIDUAL'S LAST NAME FIRST I			MIDDLE NAME		SUFFIX	
	0.173.4	· · · · · · · · · · · · · · · · · · ·	OTATE	Incorta cons	001111701	
7c. MAILING ADDRESS  CNADS Department 1015 10th Avenue	Minnoanol	i c		POSTAL CODE	COUNTRY	
CMBS Department, 1015 10th Avenue	Minneapol		MN 70. OPG	55414	USA	
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR   DEBTOR	N 71. JURISDICTIO	N OF ORGANIZATION	rg. ORG	SANIZATIONAL ID #, if a	none	
8. AMENDMENT (COLLATERAL CHANGE): check only one box						
Describe collateral deleted or added, or give entire restated o	collateral description, or de	escribe collateral assigned				
All collateral assigned as in original UCC.						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	MENDMENT (name of ass	ignor, if this is an assignment). If t	his is an Am	endment 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 LASALLE BANK NATIONAL ASSOCIATION	a national hanl	cina secociation				
135 South LaSalle Street, Suite 3410, Chicag		mig association				
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA			•			
1525.039 - Hillside Medical Office						