

UCC FINANCING STATEMENT AMENDME	NT				
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					
		THE ABOVE SPA	ACE IS F	OR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 20060407000161210 filed 4/7/2006 in Shelby County, AL		1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS			
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect	to security interest(s) of the Secure			atement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to security in	nterest(s) of the Secured Party aut	thorizing th	s Continuation Statement	
4. ASSIGNMENT (full)or partial): Give name of assignee in item 7a or 7b and add	dress of assignee in item	7c; and also give name of assign	or in item 9	•	
	unacconto	Party of Record. Check only one			
Also check one of the following three boxes and provide appropriate information in items	s 6 and/or 7.				
CHANGE name and/or address: Give current record name in item 6A or 6B; also name (if name change) in item 7a or 7b and/or new address (if address change)	— 1	ELETE name: Give record name be deleted in item 6a or 6b.	2	ADD name: Complete item in tem 7c; also complete items	
6. CURRENT RECORD INFORMATION:				tom 70, also complete items	ru-rg (ii applicable).
6a. ORGANIZATION'S NAME			······································		
224 HM PRIVATE INVESTOR VII, LLC, an Alal	bama limited	iability company			
c/o ACC Investments, 3325 Healy Drive, Suite E	3, Winston Sa	lem, North Carolina	2710)2	
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 FC	R THE REGI	STERED HOLDER	SOF	J.P. MORGAN (CHASE
COMMERCIAL MORTGAGE SECURITIES COI	RP., COMME	RICAL MORTGAG	E PAS	S-THROUGH	
CERTIFICATES, SERIES 2006-LDP7					
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY	····	СТАТГ	IDOCTAL CODE	0011117011
CMBS Department, 1015 10th Avenue	Minneapolis		j	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION		OF ORGANIZATION		55414	USA
ORGANIZATION DEBTOR	71. JUNISDIC HON	OF ORGANIZATION	/g. UKG	ANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box		· · · · · · · · · · · · · · · · · · ·			
Describe collateral deleted or added, or give entire restated collate	eral description, or des	cribe collateral assigned			
All collateral assigned as in original UCC.					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENI	DMENT (name of assig	nor, if this is an assignment). If th	is is an Am	endment authorized by a De	btor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a		and enter name of DEBTOR a			
9a. ORGANIZATION'S NAME			-		
LASALLE BANK NATIONAL ASSOCIATION, a		ng association			
135 South LaSalle Street, Suite 3410, Chicago,	- · · · · · · · · · · · · · · · · · · ·	·-··		· · · · · · · · · · · · · · · · · · ·	
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA	· · · · · · · · · · · · · · · · · · ·	·····			
1525.039 - Hillside Medical Office					