

UCC FINANCING STATEMENT AMENDMEN	1T				
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					
1a. INITIAL FINANCING STATEMENT FILE #		IHE ABOVE SP		OR FILING OFFICE	MENT AMENDMENT is
20060407000161280 filed 4/7/2006 in Shelby County, AL			to be filed (for record) (or recorded) in the		
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secure			REAL ESTATE RECORDS  ed Party authorizing this Termination Statement		
3. CONTINUATION: Effectiveness of the Financing Statement identified above w				· · · · · · · · · · · · · · · · · · ·	
continued for the additional period provided by applicable law.	nui respect to security	interest(s) of the Secured Party au	monzing m	is Continuation Statement	
4. ASSIGNMENT (full)or partial): Give name of assignee in item 7a or 7b and add	ress of assignee in ite	m 7c. and also give name of assign	or in item (	<u> </u>	······································
		ed Party of Record. Check only one			
Also check one of the following three boxes and provide appropriate information in items	7	d Party of Record. Check offly offe	g OI triose L	OXUS.	
CHANGE name and/or address: Give current record name in item 6A or 6B; also		ELETE name: Give record name	in the second of	ADD name: Complete iten	n in 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change)	in item 7c.	o be deleted in item 6a or 6b.	:	ltem 7c; also complete iter	ms 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·	
224 HM PRIVATE INVESTOR XIV, LLC, an Ala	bama limited	liability company			
c/o ACC Investments, 3325 Healy Drive, Suite B			2710	12	
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE		SUFFIX
7 OLIANIOED (MENA) OD ADDED INICODIAATIONI		——····································			
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME					
WELLS FARGO BANK, N.A., AS TRUSTEE FO	R THF RFG	ISTERED HOLDER	SOF	JP MORGAN	LCHASE
COMMERCIAL MORTGAGE SECURITIES COF					
CERTIFICATES, SERIES 2006-LDP7	· · · · · · · · · · · · · · · · · · ·		*******		
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY				COUNTRY
CMBS Department, 1015 10th Avenue	Minneapoli	S	MN	55414	USA
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION	7f. JURISDICTIO	NOF ORGANIZATION	7g. ORG	SANIZATIONAL ID #, if a	any
DEBTOR					NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box					
Describe collateral deleted or added, or give entire restated collate	ral description, or de	scribe collateral assigned			
All collateral assigned as in original UCC.					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND	MENT (name of ass	apor if this is an assignment). If th	ic ic oo Am		
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a [		and enter name of DEBTOR			Deptor which
9a. ORGANIZATION'S NAME	<u>*</u>				· · · · · · · · · · · · · · · · · · ·
LASALLE BANK NATIONAL ASSOCIATION, a r	national bank	ing association			
135 South LaSalle Street, Suite 3410, Chicago, I					
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA  1525.039 - Hillside Medical Office					