

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					
AIVIO FIIE INO. 1525.039					
		THE ABOVE SP	ACE IS F	OR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE #				is FINANCING STATEM	
20060407000161290 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		ct to security interest(s) of the Secure		EAL ESTATE RECORDS thorizing this Termination	
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to security	y interest(s) of the Secured Party aut	horizing th	is Continuation Statement	
4. ASSIGNMENT (full)or partial): Give name of assignee in item 7a or 7b and ad	ldress of assignee in it	em 7c; and also give name of assign	or in item 9).	
5. AMENDMENT (PARTY INFORMATION): This amendment affects De	ebtor <u>or</u> Secu	red Party of Record. Check only one	of those b	oxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in item 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)	so give new	DELETE name: Give record name To be deleted in item 6a or 6b.	•	ADD name: Complete item Item 7c; also complete item	-
6. CURRENT RECORD INFORMATION:	, in team			item 70, also complete item	15 7 d=7 g (II applicable).
6a. ORGANIZATION'S NAME 224 HM PRIVATE INVESTOR XV, LLC, an Ala	abama limited	d liability company			
c/o ACC Investments, 3325 Healy Drive, Suite E	 	alem, North Carolina			
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 FO	OR THE REG	SISTERED HOLDER	SOF	J.P. MORGAN	CHASE
COMMERCIAL MORTGAGE SECURITIES CO	RP., COMM	ERICAL MORTGAG	E PAS	SS-THROUGH	
CERTIFICATES, SERIES 2006-LDP7					
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
Zo NAAU INIC ADDDECC	CITY		OTATE	IDOOTAL OODE	
7c. MAILING ADDRESS CNADC Department 1015 10th Avenue	CITY	l:_		POSTAL CODE	COUNTRY
CMBS Department, 1015 10th Avenue	Minneapo		MN	55414	USA
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTIC	N OF ORGANIZATION	7g. ORG	SANIZATIONAL ID #, if a	ny
DEBTOR					NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box					
Describe collateral 🧻 deleted or 🦵 added, or give entire 🦵 restated collat	teral description, or d	lescribe collateral assigned			
		•			
All sallatanal againment as in animinal LICC					
All collateral assigned as in original UCC.					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN	DMENT (name of as	eignor if this is an accionmont). If th	ic ic on Am	andment outboring of by a f	
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			addition.		<u> </u>
LASALLE BANK NATIONAL ASSOCIATION, a	national ban	king 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					