



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	/ I V I L I V. I			
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: 1533.182				
		THE ABOVE SPA	CE IS FOR FILING C	FFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # #20070103000000970 filed 1/3/2007 in Shelby County, AL		· · · · · · · · · · · · · · · · · · ·	1b. This FINANCING to be filed (for rec	STATEMENT AMENDMENT is cord) (or recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with respect to	security interest(s) of the Secured	Party authorizing this Ter	
3. CONTINUATION: Effectiveness of the Financing Statement identifie continued for the additional period provided by applicable law.				
4. ASSIGNMENT (full)or partial): Give name of assignee in item 7a or 7b	b and address of assignee in item 7	c; and also give name of assignor	in item 9.	
5. AMENDMENT (PARTY INFORMATION): This amendment affects		arty of Record. Check only <u>one</u> o		
Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6A on name (if name change) in item 7a or 7b and/or new address (if address)	or 6B; also give new DELE	ETE name: Give record name e deleted in item 6a or 6b.	ADD name: Comp	olete item in 7a or 7b, and also plete items 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME AIRPORT MINI-STORAGE, LLP, an Alaba	ma registered limite	d liability company		
4201 Smokey Road, Calera, AL 35040		a macinity confidenty		
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	<u></u>			· · · · · · · · · · · · · · · · · · ·
7a. ORGANIZATION'S NAME			· ··,	· · · · · · · · · · · · · · · · · · ·
WELLS FARGO BANK, N.A., AS TRUSTE	E EOD THE DECIS	TEDED HOLDED	· OF OD 2007	
MORTGAGE PASS-THROUGH CERTIFIC		I ENEU HOLDERS	OF CD 2007-	CD4 COMMERCIAL
	// TEO			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	ì	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL COD	COUNTRY
CMBS Department, 1055 10th Avenue SE	Minneapolis		MN 55414	USA
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZAT ORGANIZATION DEBTOR	TION 7f. JURISDICTION OF	ORGANIZATION	g. ORGANIZATIONAL I	
8. AMENDMENT (COLLATERAL CHANGE): check only one box				* NONE
Describe collateral deleted or added, or give entire restate	d collateral description, or descri	be collateral assigned		
All collateral assigned as in original UCC.				
Property Address: 4201 Smokey Road, Calera	, AL 35040			
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 	September 1997	r, if this is an assignment). If this and enter name of DEBTOR aut		
Pa. ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION 125 South Lasalla Street, Suite 2440, Obia		g association		
135 South LaSalle Street, Suite 3410, Chica				
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		IIDDLE NAME	SUFFIX
0. OPTIONAL FILER REFERENCE DATA		······································		<u> </u>
1533.182 - Airport Mini Storage				