



20070716000332280 1/2 \$.00  
Shelby Cnty Judge of Probate, AL  
07/16/2007 12:04:49PM FILED/CERT

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                |
|------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]                                                 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                                                  |
| Corporation Service Company<br>1133 Avenue of the Americas<br>Suite 3100<br>New York, NY 10036 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>20060315000120030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 03/15/2006                        | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input checked="" type="checkbox"/> |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                     |
| 3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                     |
| 4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                     |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes.<br>Also check one of the following three boxes and provide appropriate information in items 8 and/or 7.<br><input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.<br><input type="checkbox"/> DELETE name: Give record name to be deleted in item 8a or 8b.<br><input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |                                   |                                                                                                                                                     |
| 6. CURRENT RECORD INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                     |
| 8a. ORGANIZATION'S NAME<br>BRE/LQ PROPERTIES L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                     |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8b. INDIVIDUAL'S LAST NAME        | FIRST NAME MIDDLE NAME SUFFIX                                                                                                                       |
| 7. CHANGED (NEW) OR ADDED INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                                                     |
| 7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                     |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7b. INDIVIDUAL'S LAST NAME        | FIRST NAME MIDDLE NAME SUFFIX                                                                                                                       |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | CITY STATE POSTAL CODE COUNTRY                                                                                                                      |
| 7d. SEE INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE                             |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box.<br>Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                               |                            |                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|--|
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. |                            |                               |  |
| 9a. ORGANIZATION'S NAME<br>Mortgage Electronic Registration Systems, Inc.                                                                                                                                                                                                                                                                                     |                            |                               |  |
| OR                                                                                                                                                                                                                                                                                                                                                            | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME MIDDLE NAME SUFFIX |  |

|                                                                   |             |            |
|-------------------------------------------------------------------|-------------|------------|
| 10. OPTIONAL FILER REFERENCE DATA<br>File with: Shelby County, AL | 010396/0877 | 996345-045 |
|-------------------------------------------------------------------|-------------|------------|



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**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

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|                                                                                 |                             |                     |
|---------------------------------------------------------------------------------|-----------------------------|---------------------|
| 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)      |                             |                     |
| 20060315000120030                                                               |                             |                     |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) |                             |                     |
| 12a. ORGANIZATION'S NAME                                                        |                             |                     |
| Mortgage Electronic Registration Systems, Inc.                                  |                             |                     |
| OR                                                                              | 12b. INDIVIDUAL'S LAST NAME |                     |
|                                                                                 | FIRST NAME                  | MIDDLE NAME, SUFFIX |

13. Use this space for additional information

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Additional debtor:

BRE/LQ Operating Lessee Inc.