



UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Aimee DiMaria (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 SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed (for record) (or recorded) in the 20070411000166670 filed 4/11/2007 in Shelby County, AL REAL ESTATE RECORDS TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement continued for the additional period provided by applicable law. 4. 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 Secured Party of Record. Check only one of those boxes. Debtor <u>or</u> Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6A or 6B; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ADD name: Complete item in 7a or 7b, and also DELETE name: Give record name Item 7c; also complete items 7d-7g (if applicable). To be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME | AIRPORT MINI-STORAGE, LLP, an Alabama registered limited liability partnership 4201 Smokey Road, Calera, AL 35040 SUFFIX FIRST NAME MIDDLE NAME OR 6b. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME |WELLS FARGO BANK, N.A., AS TRUSTEE FOR THE REGISTERED HOLDERS OF CD 2007-CD4 COMMERCIAL IMORTGAGE PASS-THROUGH CERTIFICATES SUFFIX MIDDLE NAME FIRST NAME OR 7b. INDIVIDUAL'S LAST NAME STATE POSTAL CODE COUNTRY 7c. MAILING ADDRESS USA 155414 Minneapolis MN CMBS Department, 1055 10th Avenue SE 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned Property Address: 4201 Smokey Road, Calera, AL 35040 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 🔲 and enter name of DEBTOR authorizing this amendment. 9a. ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION, a national banking association 135 South LaSalle Street, Suite 3410, Chicago, IL 60603 MIDDLE NAME SUFFIX FIRST NAME OR 19b. INDIVIDUAL'S LAST NAME 10. OPTIONAL FILER REFERENCE DATA 1533.182 - Airport Mini Storage