

UCC FINANCING STATEMENT AMENDMEN	T				
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 Okloboma City, OK 73102					
Oklahoma City, OK 73102 AMO File No: 1537.011					
AIVIO FILE INO. 1337.011					
					
		THE ABOVE SPA		OR FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE # 20070627000300450 recorded 6/27/2007 in Shelby	County, AL		to to	be filed (for record) (or rec	
2. TERMINATION: Effectiveness of the Financing Statement identified above is ter					tement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law.	th respect to security in	nterest(s) of the Secured Party auti	norizing this	Continuation Statement	
4. ASSIGNMENT (ull) or partial): Give name of assignee in item 7a or 7b and address.		7c; and also give name of assigned and also give name of assig		<u> </u>	<u> </u>
σ, γ, τ,	— <i>*</i>	Party of Record. Check only <u>one</u>	OI HIOSE DO	JAGS.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 CHANGE name and/or address: Give current record name in item 6A or 6B; also	give new Total	ELETE name: Give record name	,	DD name: Complete item in	7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change) i	n item 7c. * To	be deleted in item 6a or 6b.	, J1	em 7c; also complete items	/d-/g (ir applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	·····	···-			<u></u>
OZ/CLP ALABASTER LLC, a Delaware limited lia	ability compa	ny			
c/o OZ/CLP Retail LLC, 2101 6th Avenue North,			a 3520)3	
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		·			
7a. ORGANIZATION'S NAME					
U.S. BANK, NATIONAL ASSOCIATION, AS TR	USTEE FOR	THE REGISTERE	D HO	LDERS OF ME	RRILL LYNCH
MORTGAGE TRUST 2007-C1, COMMERCIAL I	MORTGAGE	PASS-THROUGH	CERT	IFICATES, SEF	RIES 2007-C1
	FIRST NAME		TMIDDLE		SUFFIX
OR 7b. INDIVIDUAL'S LAST NAME	PINOT NAME				
7c. MAILING ADDRESS	CITY			POSTAL CODE	COUNTRY
1133 Rankin Street, Suite 100	St. Paul		MN	55116	USA
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION	OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box					
Describe collateral deleted or added, or give entire restated collater	ral description, or des	scribe collateral issigned			
Property Address: Colonial Promenade Alabaster, A	Alabaster, AL	•			
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND	OMENT (name of assi	ignor, if this is an assignment). If t	his is an An	nendment authorized by a Do	ebtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a	200	and enter name of DEBTOR			·. ·
9a. ORGANIZATION'S NAME					Aba landar
UBS REAL ESTATE SECURITIES INC., a Delay	ware corpora	ition, in its capacity	as col	lateral agent for	ine Lender
1285 Avenue of the Americas, New York, New Y	ork 10019		1		louerny.
1			INVICACAL	. NIARAL	ICHELIX
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
OR 19b. INDIVIDUAL'S LAST NAME 10. OPTIONAL FILER REFERENCE DATA		. <u>.</u> .	MIDDLE	: NAME	SUFFIX