

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] TAMMY MANSELL (949) 470-3960 B. SEND ACKNOWLEDGMENT TO: (Name and Address) KC WILSON & ASSOCIATES LN: 52-2007SL1 KEYB 23232 PERALTA DR., STE 119 LAGUNA HILLS, CA 92653 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the 20070730000354380 7/30/2007 SHELBY CO., 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 is continued for the additional period provided by applicable law. 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 Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. **7** DELETE name: Give record name ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 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* 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS **CMBS DEPARTMENT** CITY STATE POSTAL CODE COUNTRY 1055 10TH AVENUE SE **MINNEAPOLIS** MN 55414 7d. SEEINSTRUCTIONS 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any **ORGANIZATION DEBTOR** NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. *FOR THE REGISTERED HOLDERS OF KEY COMMERCIAL MORTGAGE SECURITIES TRUST 2007-SL1, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES SERIES 2007-SL1 FULL ASSIGNMENT-ASSIGNS ALL COLLATERAL AS RECITED IN ORIGINAL FINANCING STATEMENT 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 WELLS FARGO BANK MINNESOTA N.A., AS TRUSTEE 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 10. OPTIONAL FILER REFERENCE DATA DEBTOR: C-K QUANTUM ENTERPRISES, INC.

FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)