



20100510000146000 1/1 \$28.00  
Shelby Cnty Judge of Probate, AL  
05/10/2010 10:20:54 AM FILED/CERT

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Kelli Cunningham (405) 236-0003                                                                                   |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br>Anderson, McCoy & Orta PC<br>100 North Broadway<br>Suite 2600<br>Oklahoma City, OK 73102<br>AMO File No: 1967.295 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                 |                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE #<br># 20060407000161300 filed 4/7/2006; Shelby County, AL | 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS<br><input checked="" type="checkbox"/> |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                    |
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| 2. <input 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. |
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| 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 continued for the additional period provided by applicable law. |
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| 4. <input checked="" 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. |
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| 5. AMENDMENT (PARTY INFORMATION): This amendment affects <input type="checkbox"/> Debtor <input checked="" type="checkbox"/> or <input type="checkbox"/> Secured Party of Record. Check only <u>one</u> of those boxes. |
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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.

☐ DELETE name: Give record name To be deleted in item 6a or 6b.

☐ ADD name: Complete item in 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

|                                         |
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| 6. CURRENT RECORD INFORMATION: (DEBTOR) |
|-----------------------------------------|

|                                                                                            |            |             |        |
|--------------------------------------------------------------------------------------------|------------|-------------|--------|
| 6a. ORGANIZATION'S NAME<br>224 HM MASTER LESSEE, LLC, an Alabama limited liability company |            |             |        |
| OR 6b. INDIVIDUAL'S LAST NAME                                                              | FIRST NAME | MIDDLE NAME | SUFFIX |

|                                        |
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| 7. CHANGED (NEW) OR ADDED INFORMATION: |
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|                                                                                                                                                                                                                             |            |             |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|--------|
| 7a. ORGANIZATION'S NAME<br>U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE FOR THE REGISTERED HOLDERS OF J.P. MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP., COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2006-LDP7 |            |             |        |
| OR 7b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                               | FIRST NAME | MIDDLE NAME | SUFFIX |

|                                                            |                 |             |                      |                |
|------------------------------------------------------------|-----------------|-------------|----------------------|----------------|
| 7c. MAILING ADDRESS<br>209 South LaSalle Street, Suite 300 | CITY<br>Chicago | STATE<br>IL | POSTAL CODE<br>60604 | COUNTRY<br>USA |
|------------------------------------------------------------|-----------------|-------------|----------------------|----------------|

|                      |                                   |                          |                                  |                                                                  |
|----------------------|-----------------------------------|--------------------------|----------------------------------|------------------------------------------------------------------|
| 7d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |
|----------------------|-----------------------------------|--------------------------|----------------------------------|------------------------------------------------------------------|

|                                                             |
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| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box |
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Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned

\*Secured Party address: 1055 10th Avenue SE, Minneapolis, MN 55414

Property Address: 224 First Street North, Alabaster

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| 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. |
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| 9a. ORGANIZATION'S NAME<br>WELLS FARGO BANK, N.A., AS TRUSTEE FOR THE REGISTERED HOLDERS OF J.P. MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP., COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2006-LDP7* |
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| 10. OPTIONAL FILER REFERENCE DATA<br>2382006LDP7 Hillside Medical Office |
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