

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]



Shelby Cnty Judge of Probate, AL 05/10/2010 10:20:56 AM FILED/CERT

## UCC FINANCING STATEMENT AMENDMENT

(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: 1967.295			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE S	1b. This FINANCING STATE	
# 20060407000161150 filed 4/7/2006; Shelby Coun	ity, AL	to be filed (for record) (or REAL ESTATE RECORD	recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is to			
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement identified above we continued for the additional period provided by applicable law.</li> </ol>	with respect to security interest(s) of the Secured Party	authorizing this Continuation Statement	
4. ASSIGNMENT (full) or partial): Give name of assignee in item 7a or 7b and add	tress of assigned in item 7c; and also give name of ass	rianos ia item 9	<del></del>
5 ALACADA (CALOTA) (DAGO A A TIGAR)	btor or Secured Party of Record. Check only		
Also check one of the following three boxes and provide appropriate information in items		<u>0170</u> 01 111000 DOXCO.	
CHANGE name and/or address: Give current record name in item 6A or 6B; also name (if name change) in item 7a or 7b and/or new address (if address change)	give new DELETE name: Give record nam		,
6. CURRENT RECORD INFORMATION: (DEBTOR)	in item 70. • 10 be deleted in item 6a of 6b.	ltem 7c; also complete iter	ns /u-/g (if applicable).
6a. ORGANIZATION'S NAME			
224 HM PRIVATE INVESTOR I, LLC, an Alaban	na limited liability company		
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 TI			
CHASE COMMERCIAL MORTGAGE SECUR	RITIES CORP., COMMERCI	AL MORTGAGE PA	SS-THROUGH
CERTIFICATES, SERIES 2006-LDP7 OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Tourny
OK 17 D. INDIVIDUAL O LAGIT NAME	FIRST NAME	IVIIDDLE INAIVIE	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
209 South LaSalle Street, Suite 300	Chicago	IL  60604	USA
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	ny NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box			
Describe collateral deleted or added, or give entire restated collate		d	
*Secured Party address: 1055 10th Avenue SE, Min	neapolis, MN 55414		
Property Address: 224 First Street North, Alabaster			
A MALE OF OFOLIDED DADTY OF PERSONS MICHAELES TO A MALE OF THE PARTY O			
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a D</li> </ol>	THE PARTY OF THE P	f this is an Amendment authorized by a l R authorizing this amendment.	Debtor which
9a. ORGANIZATION'S NAME	Jebior, Check fiere   and enter hame of DEDTO	r authorizing this amendment.	<del> </del>
WELLS FARGO BANK, N.A., AS TRUSTEE FO	R THE REGISTERED HOLDE	RS OF JP MORGAN	CHASE
COMMERCIAL MORTGAGE SECURITIES COF			
CERTIFICATES, SERIES 2006-LDP7*	VI ., OCIVIIVILIVOINE IVICINI CIN	SETAGO TINOGOTI	
10. OPTIONAL FILER REFERENCE DATA			<del></del>
2382006LDP7 Hillside Medical Office			
FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AME			· · · · · · · · · · · · · · · · · · ·