| FOLLOW INSTRUCTIONS | STATEMENT AMEND (front and back) CAREFULLY ONTACT AT FILER [optional] | | | | | | |
|---|--|----------------------------|--------------------------------------|---|---|--|--|
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | 201 | 20130322000118950 1/1 \$29.00 Shelby Cnty Judge of Probate, AL | | | |
| | | | 16 | | udge of Probate,):01:51 AM FILED/ | CERT | |
| | | | | | | | |
| | | | THE ABOVE | | R FILING OFFICE USE | | |
| 1a. INITIAL FINANCING STAT 20030602000337580 | Shelby County, AL | Date Filed 06/02 | | V to be | FINANCING STATEMENT e filed [for record] (or record L ESTATE RECORDS. | ded) in the | |
| | ectiveness of the Financing Statement identifi | | | | | | |
| | Effectiveness of the Financing Statement ide onal period provided by applicable law. | ntified above with respec | t to security interest(s) of the Sec | cured Party autho | rizing this Continuation Sta | itement is | |
| 4. ASSIGNMENT (full o | or partial): Give name of assignee in item 7a | or 7b and address of assi | gnee in item 7c; and also give nan | ne of assignor in i | tem 9. | | |
| | INFORMATION): This Amendment affections the state information in the state in the s | | Secured Party of record. Check or | nly <u>one</u> of these t | wo boxes. | | |
| CHANGE name and/or a | ving three boxes <u>and</u> provide appropriate infor ddress: Please refer to the detailed instructions | DELETE | name: Give record name | | ame: Complete item 7a or 7b, | | |
| 6. CURRENT RECORD INF | e name/address of a party. FORMATION: | to be de | leted in item 6a or 6b. | alsoco | omplete items 7e-7g (if applica | able). | |
| 6a. ORGANIZATION'S N | | | | | | | |
| CR Lester Capital LLC 6b. INDIVIDUAL'S LAST | C - Meadow Brook Park, Birming | ham, LLC | 1 | MIDDLE | VAME | SUFFIX | |
| OD. HADIAIDONE O EXOT | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ·, ·, · · · | | |
| 7. CHANGED (NEW) OR A | DDED INFORMATION: | | | | · ·· | | |
| 7a. ORGANIZATION'S N | AME | | | | | | |
| OR 7b. INDIVIDUAL'S LAST | NAME | FIRST NAM | ΛΕ | MIDDLE | NAME | SUFFIX | |
| | | | | | | | |
| 7c. MAILING ADDRESS | ······································ | CITY | · | STATE | POSTAL CODE | COUNTRY | |
| | TADDIL INFO DE LA TADE OF ODOANIA | ATION 75 UIDIOE | VOTION OF ODO ANIZATION | 7 ODC | AND TATIONIAL ID 40 16 and 1 | | |
| 7d. SEE INSTRUCTIONS | ADD'L INFO RE 7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR | ATION /f. JURISD | ICTION OF ORGANIZATION | /g. ORG/ | ANIZATIONAL ID #, if any | NONE | |
| · | TERAL CHANGE): check only <u>one</u> box. eted or added, or give entire restat | ed collateral description, | or describe collateral assign | ned. | | | |
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| | | | | | | | |
| *Commercial Mortgag | ge Pass-Through Certificates, Seri | ies 2003 TOP12 | | | | | |
| | PARTY OF RECORD AUTHORIZING | | | - | | by a Debtor which | |
| adds collateral or adds the | authorizing Debtor, or if this is a Termination AME | authorized by a Debtor, c | neck nere and enter name of | DEB I OR author | rizing this Amendment. | ······································ | |
| | onal Association, as Trustee for the | he Holders of Bear | Streams Commercial Mo | rtgage Securi | ties Inc* | | |
| | OR 9b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | NAME | SUFFIX | |
| | ······································ | | | | | | |
| 10.0PTIONAL FILER REFERE Loan 753393 | ENCE DATA | | | | | | |