

20140808000248880 1/2 \$.00  
Shelby Cnty Judge of Probate, AL  
08/08/2014 02:35:10 PM FILED/CERT

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                               |                                 |
|-----------------------------------------------------------------------------------------------|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Phone: (800) 331-3282 Fax: (818) 662-4141   |                                 |
| B. E-MAIL CONTACT AT FILER (optional)<br>CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com |                                 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 24799 - JONES LANG                              |                                 |
| CT Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                | 44405204<br><br>ALAL<br>FIXTURE |
| File with: Shelby, AL                                                                         |                                 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                         |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>20050801000383260 8/1/2005 CC AL Shelby                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 |                               |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                         |                               |
| 3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                         |                               |
| 4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                         |                               |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE:<br>Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <u>AND</u> Check <u>one</u> of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |  |                                                                                                                                                                                                                                                         |                               |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                         |                               |
| 6a. ORGANIZATION'S NAME<br>Riverchase Apartments, LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                         |                               |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                         |                               |
| 6b. INDIVIDUAL'S SURNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | FIRST PERSONAL NAME                                                                                                                                                                                                                                     | ADDITIONAL NAME(S)/INITIAL(S) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                         | SUFFIX                        |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                         |                               |
| 7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                         |                               |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                         |                               |
| 7b. INDIVIDUAL'S SURNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                         |                               |
| INDIVIDUAL'S FIRST PERSONAL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                         |                               |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                         |                               |
| SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                         |                               |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | CITY                                                                                                                                                                                                                                                    | STATE                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                         | POSTAL CODE                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                         | COUNTRY                       |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br>Indicate collateral:<br>Riverchase Gardens Apartments<br>700 Garden Woods Drive<br>Birmingham, Alabama 35244                                                                                                                                            |  |                                                                                                                                                                                                                                                         |                               |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                         |                               |
| 9a. ORGANIZATION'S NAME<br>Federal Home Loan Mortgage Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                         |                               |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                         |                               |
| 9b. INDIVIDUAL'S SURNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | FIRST PERSONAL NAME                                                                                                                                                                                                                                     | ADDITIONAL NAME(S)/INITIAL(S) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                         | SUFFIX                        |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Riverchase Apartments, LP<br>44405204 7107800001 002717409                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                         |                               |

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

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|                                                                                                                           |        |
|---------------------------------------------------------------------------------------------------------------------------|--------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form<br>20050801000383260 8/1/2005 CC AL Shelby |        |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form                                            |        |
| 12a. ORGANIZATION'S NAME<br>Federal Home Loan Mortgage Corporation                                                        |        |
| OR                                                                                                                        |        |
| 12b. INDIVIDUAL'S SURNAME                                                                                                 |        |
| FIRST PERSONAL NAME                                                                                                       |        |
| ADDITIONAL NAME(S)/INITIAL(S)                                                                                             | SUFFIX |

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13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

|                                                       |                     |                               |        |
|-------------------------------------------------------|---------------------|-------------------------------|--------|
| 13a. ORGANIZATION'S NAME<br>Riverchase Apartments, LP |                     |                               |        |
| OR                                                    |                     |                               |        |
| 13b. INDIVIDUAL'S SURNAME                             | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

Riverchase Apartments, LP - 1103 R. Arrington Jr. Blvd. South , Birmingham, AL 35201

Secured Party Name and Address:

Federal Home Loan Mortgage Corporation - 8200 Jones Branch Drive , McLean, VA 22102

15. This FINANCING STATEMENT AMENDMENT:  
☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

17. Description of real estate:

Riverchase Gardens Apartments  
700 Garden Woods Drive  
Birmingham, Alabama 35244

18. MISCELLANEOUS: 44405204-AL-117 24799 - JONES LANG LASALLE O Federal Home Loan Mortgage File with: Shelby, AL 7107800001 002717409