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	6418013853		
UCC FINANCING STATEMENT AMENDING FOLLOW INSTRUCTIONS (front and back) CAREFULLY	MENT	Doc#: 0418013053 Eugene "Gene" Moore Fee: Dook County Recorder of Deel Date: 06/28/2004 10:33 AM P	ds
A. NAME & PHONE OF CONTACT AT FILER [optional] Matilda Green 949-4 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	N#1201		
Laguna Hills, CA 92653		HE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 10/07/2003 032 34140	COOK CO., IL	1b. This FINANCING STATEM to be filed [for record] (or record). REAL ESTATE RECORDS	MENT AMENDMENT is recorded) in the S.
2. TERMINATION: Effectiveness of the inar ing Statement identifier 3. CONTINUATION: Effectiveness of the rin india Statement identifier continued for the additional period provided by applicable law.	tified above with respect to security interest	(s) of the Secured Party authorizing this Conditionalic	on Statement is
4. ASSIGNMENT (full or partial): Give name of assigning am 7a or 5. AMENDMENT (PARTY INFORMATION): This Amendment affect Also check one of the following three boxes and provide appropriation information in the following three boxes and provide appropriation information in the following three boxes and provide appropriation information in the following three boxes and provide appropriation in the following three boxes are provide appropriation in the following three boxes are provide appropriation in the following three boxes are provide appropriation in	mation in items 6 and/or 7.	ord. Check only <u>one</u> of these two boxes. Give record name	em 7a or 7b, and also ams 7d-7g (if applicable),
OR 6b. INDIVIDUAL'S LAST NAME	FINST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME WELLS FARGO BANK MINNESOTA, N	NA ASTRUSTEE		
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME STATE POSTAL CODE	SUFFIX
7c. MAILING ADDRESS 751 Kasota Avenue, Suite MDC	Minneapolis	MN 55414	USA
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZ/ ORGANIZATION DEBTOR	ATION 7f. JURISDICTION OF ORGAN	IZATION 73. ORGANIZATIONAL 10 #, 1	NON
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restate *FOR THE REGISTERED HOLDERS OF W. COMMERCIAL MORTGAGE PASS-THROUGH	ACHOVIA BANK COMME	RCIAL MORTGAGE TRUST.	
ASSIGNS ALL COLLATERAL AS DESCRIE	BED IN ORIGINAL FINANC	ING STATEMENT	
SEE ATTACHED EXHIBIT A FOR LEGAL I			
NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termination	THIS AMENDMENT (name of assignor, n authorized by a Debtor, check here	f this is an Assignment). If this is an Amendment auth d enter name of DEBTOR authorizing this Amendme	norized by a Debtor which ent.
9a. ORGANIZATION'S NAME WACHOVIA BANK, NATIONAL ASSO	CIATION	MIDDLE NAME	SUFFIX
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		
10. OPTIONAL FILER REFERENCE DATA DEBTOR: MICHIGAN AVENUE SUITES,	L.L.C.		

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EXHIBIT A

Legal Description

That certain real property located in the City of Chicago, County of Cook, State of Illinois, having a street address of 320 North Michigan Avenue, more particularly described as follows:

LOTS 39 AND 40 IN BLOCK 4 IN FORT DEARBORN ADDITION TO CHICAGO, IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN. IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Tax Identification Number: 17 10 300 020 0000