| | 101/ | | 9615070a75 | |
|------|------|--|------------|--|
| | | | D = # == | |

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 12531 WACHOVIA CORPO

UCC Direct Services

14590100

P.O. Box 29071

Glendale, CA 91209-9071

ILIL

FIXTURE

Doc#: 0815829076 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 06/06/2008 12:51 PM Pg: 1 of 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | <u> </u> | | |
|--|---|---|--|
| 1a, INITIAL FINANCING STATEMI NT FILE # 0328034140 10/07/33 CC IL Cook+ | | 1b. This FINANCING STATEM to be filed [for record] (or re REAL ESTATE RECORDS | ecorded) in the |
| 2. TERMINATION: Effectiveness of the Pune cing Statement identified at | bove is terminated with respect to security | interest(s) of the Secured Party authorizing this | Termination Statement. |
| 3. X CONTINUATION: Effectiveness of the Finantine Statement identified a continued for the additional period provided by applicable law. | bove with respect to the security interest(s | of the Secured Party authorizing this Continuati | on Statement is |
| 4. ASSIGNMENT (full or partial): Give name of assigned in item 7a of | or 7b and address of assignee in 7c | and also give name of assignor in item 9 | |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide app opria. a CHANGE name and/or address: Give current record name in item 6. and 6. a | information in items 6 and/or 7. also give new DELETE name: G | | em 7a or 7b. and also tems 7d-7g (if applicable |
| 6. CURRENT RECORD INFORMATION: | 0/ | | |
| MICHIGAN AVENUE SUITES, L.L.C. | τ_{0} | | |
| 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | ⁴ /). | | |
| 7a. ORGANIZATION'S NAME | 9 | | |
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7c. MAILING ADDRESS | СІТУ | STATE POSTAL CODE | COUNTRY |
| 7d. SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | 7f. JURISDICTION OF ORGANIZAT | ION 7g. 3) GANIZATIONAL ID #, if an | ny NONE |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated co | ollateral description, or describe collater | al assigned. | |

Parcel ID: 17-10-300-020-0000

| 9. NAME OF SE | CURED PARTY OF RECORD AUTHOR | IZING THIS AMENDMENT (name of assignor, if this is ermination authorized by a Debtor, check here and entermination authorized by a Debtor, check here | s an Assignment). If this is an Amendment autho ter name of DEBTOR authorizing this Amendmen | rized by a Debtor which nt. |
|-----------------|--------------------------------------|---|---|--------------------------------|
| WACI | ZATION'S NAME HOVIA BANK, NATIONA | AL ASSOCIATION, AS MAST | ER SERVICER ON BEH | HALF * |
| OR 9b. INDIVIDU | JAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | | |

10. OPTIONAL FILER REFERENCE DATA

14590100 Debtor Name: MICHIGAN AVENUE SUITES, L.L.C. 502777915 502777915

0815829076 Page: 2 of 3

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| UCC FINANCING STATEMENT A FOLLOW INSTRUCTIONS (front and back) | MENDMENT AL | DDENDUM | |
|--|--------------------------------|--------------------------|---|
| 11. INITIAL FINANCING STATEMENT FILE # (same | e as item 1a on Amendment fo | rm) | |
| 0328034140 10/07/03 CC I | L Cook+ | | |
| 12. NAME of PARTY AUTHORIZING THIS AMENDMENT (s | ame as item 9 on Amendment for | m) | |
| 120 ORGANIZATION'S NAME WACHOVIA BANK, NATIO | NAL ASSOCIATION | ON, AS M ^{same} | l as item9. |
| 12b. INDIVIDUAL'S LAST NAME FIR | ST NAME | MIDDLE NAME, SUFFIX | |
| - | | | |
| 13. Use this space for additional information | | | |
| | | | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |

- uFULL TEXT OF ITEM 9 WACHOVIA BANK, NATIONAL ASSOCIATION, AS MASTER SERVICER ON BEHALF OF, WELLS FARGO BANK MINNESOTA, NA AS TRUSTEE FOR THE BENEFIT OF THE CERTIFICATE HOLDERS OF, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES SERIES WACHOVIA BANK 2003-C7 Di 17 1.

Colling Control

Office

Parcel ID: 17 10 300 020 0000 Description: SEE EXHIBIT A.

0815829076 Page: 3 of 3

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14590100

(1 ps)

Page 2 of 6

EXHIBIT A

Legal Description

Thur co tain 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 35 AND 40 IN BLOCK 4 IN FORT DEARBORN ADDITION TO CHICAGO, IN SECTION 12, POWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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

CHARLOWELL I

- Porto