UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFU	JLLY
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-328	32 Fax (818) 662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address)	23814 WELLS FARGO CM
l CT Lien Solutions	28846086
P.O. Box 29071 Glendale, CA 91209-9071	ILIL
	FIXTURE

Doc#: 1118039059 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 06/29/2011 11:06 AM Pg: 1 of 3

CT Lien Solutions	28846086			
P.O. Box 29071				
Glendale, CA 91209-9071	ILIL			
	FIXTURE	ı		
		THE AB	OVE SPACE IS FOR FILING OFFICE	E USE ONLY
INITIAL FINANCING STATEMENT FILE # 0417322255 06/12/04 CC	IL Cook+		1b. This FINANCING STATEN to be filed [for record] (or r REAL ESTATE RECORDS	ecorded) in the
X TERMINATION: Effectiveness (it. > Financing S	Statement identified above is termina	ted with respect to security interest(s)	of the Secured Party authorizing this	Termination Statement.
CONTINUATION: Effectiveness of the Final cing S continued for the additional period provided by apulicab	Statement identified above with response law.	ect to the security interest(s) of the Sec	cured Party authorizing this Continuat	ion Statement is
ASSIGNMENT (full or partial): Give name of as	ign e in item 7a or 7b and addr	ess of assignee in 7c; and also g	ive name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amen		Secured Party of record. Check on	ly one of these two boxes.	
Also check one of the following three boxes and pre- CHANGE name and/or address: Give current record na name (if name change) in item 7a or 7b and/or new add	me in ite n 6a or 6b; also give new	items 6 and/or 7. DELETE name: Give record to be deleted in item 6a or 6l		item 7a or 7b, and also items 7d-7g (if applicabl
CURRENT RECORD INFORMATION:				
DELAWARE II, L.L.C.	T			
Gb. INDIVIDUAL'S LAST NAME	FIF ST NA	AME	MIDDLE NAME	SUFFIX
		0,		
CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME		17,		
3				
7b. INDIVIDUAL'S LAST NAME	FIRST NA	AME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
I. <u>SEE INSTRUCTION</u> ADD'L INFO RE ⁷ e. TYPE ORGANIZATION DEBTOR	OF ORGANIZATION 7f. JURIS	DICTION OF ORGANIZATION	7g ORGANIZATIONAL ID #, if a	INONE
AMENDMENT (COLLATERAL CHANGE): check or			U _x	
Describe collateral deleted or added, or give e	L	otion, or describe collateral assi	gned.	
See Exhibit A attached here to and incorp	porated herein by this ref	erence	(C ₂	
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			SOL	တ္ Σ ကျ
NAME OF SECURED PARTY OF RECORD AUTHOR	RIZING THIS AMENOMENT (55	me of assignor if this is an Assignme	nt). If this is an Amendment authorize	d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a	Termination authorized by a Debtor.	check here and enter name of D	EBTOR authorizing this Amendment.	, = = = = = = = = = = = = = = = = = =
9a. ORGANIZATION'S NAME WACHOVIA BANK, NATION	AL ASSOCIATION	N. AS MASTER SE	RVICER ON BEHA	\LF *
96 INDIVIDUAL'S LAST NAME	FIRST N	····	MIDDLE NAME	SUFFIX

NAME OF SECURED PARTY OF RECORD AUTHO adds collateral or adds the authorizing Debtor, or if this is a	ORIZING THIS AMENDMENT (name of assignor, if this is a Termination authorized by a Debtor, check here and en	an Assignment). If this is an Amendment author ter name of DEBTOR authorizing this Amendment	zed by a Debtor which nt.
	IAL ASSOCIATION, AS MAST	ER SERVICER ON BEH	IALF *
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

28846086 Debtor Name: DELAWARE II, L.L.C. AU02058LOAN502794716 502794716

1118039059 Page: 2 of 3

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	C FINANCING STATEMENT IN THE CONTROL OF T		NT ADDENDUM	
11.	INITIAL FINANCING STATEMENT FIL	E # (same as item 1a on Amer	ndment form)	
04	17322255 06/12/04	CC IL Cook+		
12. 1	NAME of PARTY AUTHORIZING THIS AME	NDMENT (same as item 9 on Am	endment form)	
	WACHOVIA BANK, N	s item9.		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
13.	Use this space for additional informa	tion		
				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

— ùFULL TEXT OF ITEM S WACHOVIA BANK, NATIONAL ASSOCIATION, AS MASTER SERVICER ON BEHALF OF, LASALLE BANK, NA, AS TRUSTEE FOR THE BENEFIT OF THE CERTIFICATE HOLDERS OF, ITS SUCCESSORS AND/OR ASSIGNS, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES SERIES WACHOVIA 2004-C14

Description: SEE EXHIBIT A. ParceHD: 17-03-216-005-0000 UPIN

1118039059 Page: 3 of 3

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EXHIBIT A

Legal Description:

THAT PART OF BLOCK 15 IN CANAL TRUSTEE'S SUBDIVISION OF THE SOUTH FRACTIONAL QUARTER OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF SAID BLOCK RUNNING WEST 169 FEET 6-1/2 INCHES TO LAND NOW OR

FORMERLY OF MATHIAS ROOS; RUNNING THENCE SOUTH PARALLEL WITH THE EAST LINE OF SAID BLOCK ABOUT 50 SELF TO A POINT FROM WHICH A STRAIGHT LINE RUNNING SOUTH 88 DEGREES 45 MINUTES EAST TO 11% CAST LINE OF SAID BLOCK WOULD

INTERSECT SAID EAST LINE AT A POINT 52.53 FEET SOUTH OF THE NORTH EASTCORNER OF SAID BLOCK; RUNNING THENCE "ASTERLY ON SAID STRAIGHT LINE TO THE EAST LINE OF SAID BLOCK; RUNNING THENCE NORTH ON THE EAST LINE OF SAID BLOCK 52.53 FEET TO THE PLACE OF BEGINNING, (EXCEPT THE WEST 30 FEET THEREOF) IN COOK COUNTY, ILLINOIS

First Assurbon Title