

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

Kelli Cunningham (405) 236-0003

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Anderson, McCoy & Orta PC  
100 North Broadway  
Suite 2600  
Oklahoma City, OK 73102  
AMO File No: 1610.016

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

# 2011177441 filed 1/10/2011; Skamania County, WA

1b. This FINANCING STATEMENT AMENDMENT is  
to be filed (for record) (or recorded) in the  
☒ REAL ESTATE RECORDS

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement  
continued for the additional period provided by applicable law.

4. ☒ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This amendment affects ☐ Debtor or ☐ Secured Party of Record. Check only one of those boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new  
name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.

☐ DELETE name: Give record name  
to be deleted in item 6a or 6b.

☐ ADD name: Complete item in 7a or 7b, and also  
item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION: (DEBTOR)

6a. ORGANIZATION'S NAME

TERRAPINS OWNER LLC, a Delaware limited liability company

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE FOR THE REGISTERED HOLDERS OF DBUBS 2011-LC1  
COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

209 South LaSalle Street, Suite 300

CITY

Chicago

STATE

IL

POSTAL CODE

60604

COUNTRY

USA

7d. SEE INSTRUCTIONS

ADD'L INFO RE

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

ORGANIZATION

DEBTOR

☐ NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned

Property Address: 1131 Southwest Skamania Lodge Drive, Stevenson

Parcel ID: 02-07-02-0-0-0612-00; 02-07-02-4-1-0800-00

\* having an address at 1285 Avenue of the Americas, New York NY 10019

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an assignment). If this is an Amendment authorized 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 DEBTOR authorizing this amendment.

9a. ORGANIZATION'S NAME

UBS REAL ESTATE SECURITIES INC. \*

10. OPTIONAL FILER REFERENCE DATA

Skamania Lodge