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State of Oregon, Country of Klamath Recorded 07/08/2003 3.2 J. J. m Linds Smith, Country Of Klamath Recorded 07/08/2003 3.2 J. J. m Linds Smith, Country Clerk, Fec S. J. M. J.					Vol_	M03	Page 47	_ [03
Dechert LLP 1717 Arch Street Philadelphia, PA 19103  ITHE ABOVE SPACE IS FOR FILING OFFICE USE ONLY IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County, OR  IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County, OR  IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County, OR  IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County, OR  IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County, OR  IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County, OR  IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County, OR  IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County, OR  IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County, OR  IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County, OR  IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County No.  IN INTIAL PRIANCING STATEMENT FILE # Vol M02, Page 17723 Filed: 3/27/02 in Klamath County Statement is a statement file with File W1/12 in Intial Page 17/02 in Intial	FOLLOW INSTRUCTIONS A. NAME & PHONE OF CO	(front and back) NTACT AT FILE	CAREFULLY R [optional]	Γ	State of ( Recorded Vol M03 P Linda Smit Fee \$_2/2	07/08/2 07/08/2 g_\(\psi\);	1, County of Kla 2003 <u>3:34</u> 7/89-90 Inty Clerk # of Pgs <u>2</u>	math m
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8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, 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.    Sa. ORGANIZATION S NAME   LaSalle Bank National Association, as Trustee   St. INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFIX     10. OPTIONAL FILER REFERENCE DATA   LXP: 306994	7c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
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12.	NAME OF PARTY AUTHORIZING T 12a ORGANIZATION'S NAME LaSalle Bank National Associa		
OR	12b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX
13	Use this space for additional informat	tion	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

\*\*\* Agreement dated May 19, 1995, for LXP Funding Corp. Commercial Mortgage Pass-Through Certificates

Debtor:

LXP I, L.P. and LXP II, L.P. c/o Lexington Properties 355 Lexington Avenue New York, NY 10017