

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -7 AM 10:55

1. Name of Limited Partnership

1a. DOCUMENT #
B9200000012

GREENTREE MORTGAGE COMPANY, L.P., LIMITED PARTNE RSHIP



Mailing Address

10005 ATRIUMS AT GREENTREE
MARLTON NJ 08053

Principal Office Address

10005 ATRIUMS AT GREENTREE
MARLTON NJ 08053

3. Date Formed or Registered

11/10/1992

5a. Capital Contributions as Shown on record.

\$0.00

3a. Date of Last Report

12/22/1995

5b. Amount of Capital Contributions in FLORIDA to date:

\$.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08053

08053

4. State or Country of Formation

DE

6. FEI Number

22-3188285

Applied For
 Not Applicable

7. Certificate of Status Desired



\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MIRENDA, JOHN A
EXECUTIVE SQUARE OFFICE PARK
5511 EXECUTIVE DRIVE, SUITE 100
TAMPA FL 33609

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

GREENTREE MANAGEMENT CORPORA

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1110 BRICKELL AVENUE

11b. City, State & Zip Code

MIAMI FL 33131

11c. Registration/ Document Number

P41143

1 00002137421--9
-04/09/97--01037--001
****165.00 ****165.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

4/2/97

Typed or Printed Name of General Partner Signing Form

John A. Mirندا, Senior VP

Daytime Telephone Number

609-596-8858

CFR2E003 (11/96)