

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 DEC 31 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # B92000000012
GREENTREE MORTGAGE COMPANY, L.P., LIMITED PARTNERSHIP	

Mailing Address	Principal Office Address
10005 ATRIUMS AT GREENTREE MARLTON NJ 08053	10005 ATRIUMS AT GREENTREE MARLTON NJ 08053
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 11/10/1992	5a. Capital Contributions as Shown on record. \$0.00
3a. Date of Last Report 12/31/1997	
4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 22-3188285	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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

~~MIRANDA JOHN A~~
~~EXECUTIVE SQUARE OFFICE PARK~~
~~5511 EXECUTIVE DRIVE SUITE 100~~
~~MARLTON NJ 08053~~

10. If changed, new Registered Agent/Office

Name
CT Corporation System

Street Address (P.O. Box Number Is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City
Plantation

Zip Code
FL 33324

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.

Accepted By Registered Agent 10/98

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

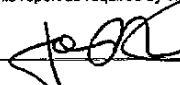
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GREENTREE MANAGEMENT CORPORATION	110 BRICKELL AVENUE 181 Harbor Drive	MIAMI FL 33131 Stamford, CT 06902	P41143

200002747462--4
-01/20/99--01031--023
****150.00 ****150.00

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 **12-30-98**

Typed or Printed Name of General Partner Signing Form **John A. Miranda** Daytime Telephone Number **(609) 596-8858**

CR2E003 (8/98)