

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B92000000012

1. Entity Name

GREENTREE MORTGAGE COMPANY, L.P., LIMITED PARTNE

FILED

01 MAY -4 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10005 ATRIUMS AT GREENTREE MARLTON NJ 08053	Mailing Address 10005 ATRIUMS AT GREENTREE MARLTON NJ 08053
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2. Principal Place of Business 10000 LINCOLN DRIVE WEST Suite, Apt. #, etc. SUITE 5 City & State MARLTON NJ Zip, Country 08053 USA	3. Mailing Address 10000 LINCOLN DRIVE WEST Suite, Apt. #, etc. SUITE 5 City & State MARLTON NJ Zip, Country 08053 US
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4. FEI Number 22-3188285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. .00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P41143 GREENTREE MANAGEMENT CORPORATION 181 HARBOR DRIVE STAMFORD CT 06902
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13. ADDRESS CHANGES ONLY

STREET ADDRESS CITY-ST-ZIP	500 W. PUTNAM AVE., THIRD FLOOR GREENWICH CT 06830-6086
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	

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*****308.75 ***150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **JOHN J. MIRENDA** 4-19-01 856-596-8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SENIOR VICE PRESIDENT Daytime Phone #