

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** M00000000615  
**1. Entity Name** GMAC REAL ESTATE, LLC

**FILED**  
**01 APR 27 PM 4:54**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Principal Place of Business** 477 Martinsville Road  
 Liberty Corner, NJ 07938  
**Mailing Address** 100 Witmer Road  
 P. O. Box 963  
 Horsham, PA 19044-0963

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**4. FEI Number** 52-2205242  
 Applied For Not Applicable

Zip Country      Zip Country

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

CT 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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

**TITLE** Director/Senior Vice Pres.  Delete  
**NAME** Ronald J. Lyles  
**STREET ADDRESS** 477 Martinsville Road  
**CITY-ST-ZIP** Liberty Corner, NJ 07938

**TITLE** Director  Change  Addition  
**NAME** Richard L. Schlott  
**STREET ADDRESS** 477 Martinsville Road  
**CITY-ST-ZIP** Liberty Corner, NJ 07938

**TITLE** Treasurer  Delete  
**NAME** Brian Peterson  
**STREET ADDRESS** 477 Martinsville Road  
**CITY-ST-ZIP** Liberty Corner, NJ 07938

**TITLE**  Change  Addition  
**NAME** **000004221200--1**  
**STREET ADDRESS** **-05/16/01--01132--021**  
**CITY-ST-ZIP** **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

**TITLE** Vice President/Asst. Secretary  Delete  
**NAME** Robert H. Patterson  
**STREET ADDRESS** 100 Witmer Road - P. O. Box 963  
**CITY-ST-ZIP** Horsham, PA 19044-0963

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Vice President  Delete  
**NAME** Michael Daly  
**STREET ADDRESS** 100 Witmer Road - P. O. Box 963  
**CITY-ST-ZIP** Horsham, PA 19044-0963

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Assistant Secretary  Delete  
**NAME** William J. Tierney  
**STREET ADDRESS** 100 Witmer Road - P. O. Box 963  
**CITY-ST-ZIP** Horsham, PA 19044-0963

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *Michael J. Daly* **Michael J. Daly, Vice President** **4/27/01** **(215) 682-1486**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

For GMAC Home Services, Inc., Managing Member