

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90231 005 \*\*\*\*50.00

**DOCUMENT # M00000000615**

1. Entity Name  
**GMAC REAL ESTATE, LLC**

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  
**150 Mt. Bethel Rd.**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Warren, NJ**

City & State  
 Suite, Apt. #, etc.

Zip  
**07059**

Country

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

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



DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LYLES, RONALD J</b> <b>477 MARTINSVILLE ROAD</b> <b>LIBERTY CORNER NJ 07938</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Applegate, David M.</b> <b>4 Walnut Grove Drive</b> <b>Horsham, PA 19044</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PETERSON, BRIAN J</b> <b>477 MARTINSVILLE ROAD</b> <b>LIBERTY CORNER NJ 07938</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Bearden, John B.</b> <b>4 Walnut Grove Drive</b> <b>Horsham, PA 19044</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHLOTT, RICHARD L</b> <b>477 MARTINSVILLE ROAD</b> <b>LIBERTY CORNER NJ 07938</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Geer, Dennis F.</b> <b>100 Witmer Rd., PO Box 963</b> <b>Horsham, PA 19044-0963</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>PATTERSON, ROBERT H</b> <b>100 WITMER ROAD, P.O. BOX 963</b> <b>HORSHAM PA 19044-0963</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DALY, MICHAEL</b> <b>100 WITMER ROAD, P.O. BOX 963</b> <b>HORSHAM PA 19044-0963</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>TIERNEY, WILLIAM J</b> <b>100 WITMER ROAD, P.O. BOX 963</b> <b>HORSHAM PA 19044-0963</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Daly* **SIGNATURE REQUIRED** 4-8-02 215-682-1486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
 Michael Daly, Vice Pres., Managing Member

CR2E083 (9/01)