2000 UNIFORM BUSINESS REPORT (UBR)

(1)

DOCUMENT # A33016

1. Entity Name

GREEN PARK FINANCIAL LIMITED PARTNERSHIP

FILED
00 OCT 16 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
7500 OLD GEORGETOWN ROAD. SUITE 800 BETHESDA MD 20814	7500 OLD GEORGETOWN ROAD. SUITE 800 BETHESDA MD 20814

9/29/00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-2024351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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 Deborah D Skipper — Signature, typed or printed name of registered agent and title if applicable.

Deborah D. Skipper as its agent — (NOTE: Registered Agent signature required when reinstating)

10-9-00 — DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$0.00	$0.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M97000000022	STREET ADDRESS	
NAME	WALKER & DUNLOP GP, LLC	CITY-ST-ZIP	800003419178--5
STREET ADDRESS	7500 OLD GEORGETOWN ROAD, SUITE 800		
CITY-ST-ZIP	BETHESDA MD 20814		
DOCUMENT #	F97000000910	STREET ADDRESS	
NAME	SUN GP CORP.	CITY-ST-ZIP	
STREET ADDRESS	1 SUNAMERICA CENTER		
CITY-ST-ZIP	LOS ANGELES CA 90067-6022		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME	REINSTATEMENT 2000	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME	BK	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME	WITHDRAW	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (5/00)

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: SIGNATURE REQUIRED Mitchell M. Gaynor — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/5/00 — Date

Daytime Phone #

A33016

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 856438 55379A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 641.25

ORDER DATE : October 6, 2000

ORDER TIME : 11:47 AM

ORDER NO. : 856438-020

CUSTOMER NO: 55379A

CUSTOMER: Ms. Judy Direnzo
GREEN PARK FINANCIAL LIMITED
GREEN PARK FINANCIAL LIMITED
7500 Old Georgetown Road
Suite 800
Bethesda, MD 20814

FILED
00 OCT 16 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: GREEN PARK FINANCIAL LIMITED PARTNERSHIP

EFFECTIVE DATE: 10/16

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds/chs

EXAMINER'S INITIALS: _____

RECEIVED
00 OCT -9 PM 12:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA