

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 SEP 15 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A33016		
1. Entity Name GREEN PARK FINANCIAL LIMITED PARTNERSHIP		

Principal Place of Business 7500 OLD GEORGETOWN ROAD, SUITE 800 BETHESDA, MD 20814	Mailing Address 7500 OLD GEORGETOWN ROAD, SUITE 800 BETHESDA, MD 20814
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2. Principal Place of Business 7501 Wisconsin Avenue	3. Mailing Address 7501 Wisconsin Avenue
Suite, Apt. #, etc. Suite 1200	Suite, Apt. #, etc. Suite 1200
City & State Bethesda, MD	City & State Bethesda, MD
Zip 20814	Country Montgomery

08182004 Chg-LP CR2E003 (10/03)	
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	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
600041536276 10/01/04--01048--001 **141.25	
City	FL Zip Code

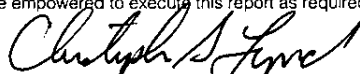
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M9700000022	STREET ADDRESS	
NAME	WALKER & DUNLOP GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	7501 WISCONSIN AVENUE, SUITE 1200		
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 900676022		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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	
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SIGNATURE: 	Christopher S. Lynch	9/08/04	(301) 215-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE