2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33016

1. Entity Name
GREEN PARK FINANCIAL LIMITED PARTNERSHIP

FILED
03 APR 30 AM 10:33
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

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

DUE BY MAY 1, 2003

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)

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
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$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	7501 Wisconsin Avenue, Suite 1200
NAME	WALKER & DUNLOP GP, LLC	CITY-ST-ZIP	Bethesda, MD 20814
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	04/30/03--01117--025 **141.25
STREET ADDRESS	1 SUNAMERICA CENTER		
CITY-ST-ZIP	LOS ANGELES CA 90067-6022		
DOCUMENT #		STREET ADDRESS	100017E191141
NAME		CITY-ST-ZIP	04/30/03--01117--025 **141.25
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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

SIGNATURE: Christopher S. Lynn QUIFIED Christopher S. Lynch 4/11/03 (301) 215-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)

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