



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90138 004 ****50.00

DOCUMENT # M03000001888 1. Entity Name GREEN TREE SERVICING LLC					
Principal Place of Business 300 LANDMARK TOWERS 345 ST. PETER STREET ST. PAUL, MN 55102			Mailing Address 300 LANDMARK TOWERS 345 ST. PETER STREET ST. PAUL, MN 55102		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 41-1795868	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN TREE LICENSING, LLC <input type="checkbox"/> Delete 1100 LANDMARK TOWERS, #345 ST. PETER ST. SAINT PAUL, MN 55102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN TREE SERVICING CORP <input type="checkbox"/> Delete 1100 LANDMARK TOWERS, #345, ST. PETER ST. SAINT PAUL, MN 55102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONIGER, WILLIAM B <input checked="" type="checkbox"/> Delete 1345 AVENUE OF THE AMERICAS 46TH FLOOR NEW YORK, NY 10105		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Peter M. Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1345 Avenue of the Americas, 46th Floor New York, NY 10105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP COREY, BRIAN F <input type="checkbox"/> Delete 1100 LANDMARK TOWERS, #345 ST. PETER ST. SAINT PAUL, MN 55102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/S Brian F. Corey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT ANDERSON, KEITH <input type="checkbox"/> Delete 1100 LANDMARK TOWERS, #345 ST. PETER ST. SAINT PAUL, MN 55102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAMB-LINDOW, WANDA <input type="checkbox"/> Delete 300 LANDMARK TOWERS, #345 ST. PETER ST. SAINT PAUL, MN 55102		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 exemptions contained in Chapter 119, 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: <u>Wanda J. Lamb-Lindow</u> Wanda J. Lamb-Lindow / 1/5/07 / 651-293-4800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					