

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90152 012 ****50.00

DOCUMENT # M03000001912

1. Entity Name

GREEN TREE - AL 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

41-1809249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREEN TREE LICENSING, LLC
1100 LANDMARK TOWERS, #345 ST. PETER ST.
SAINT PAUL MN 55102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DONIGER, WILLIAM B
1251 AVE. OF THE AMERICAS, 16TH FLOOR
NEW YORK NY 10020** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SP
COREY, BRIAN F
1100 LANDMARK TOWERS, #345 ST. PETER ST.
SAINT PAUL MN 55102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP / S ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPT
ANDERSEN, KEITH A
1100 LANDMARK TOWERS, #345 ST PETER ST.
SAINT PAUL MN 55102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVP
KALLIGNER, JOHN R
1700 LANDMARK TOWER, #345 ST. PETER ST.
SAINT PAUL MN 55102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Kalligher, John R. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
LAMB-LINCOLN, WANDA J
300 LANDMARK TOWERS, #345 ST. PETERS ST.
SAINT PAUL MN 55102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lamb-Lindow, Wanda ☒ Change ☐ 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: *Wanda J Lamb-Lindow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/25/05

Date

651-293-4800

Daytime Phone #