

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90005 038 ****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**

20001011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-LLC CR2E083 (11/05)

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**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
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
**1345 Avenue of the Americas, 4th Floor
New York, NY 10105** ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVP
KALLIGHER, JOHN R
1700 LANDMARK TOWER, #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
**AS
LAMB-LINDOW, WANDA
300 LANDMARK TOWERS, #345 ST. PETERS ST.
SAINT PAUL, MN 55102** ☐ Delete

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

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

**Wanda J. Lamb-Lindow
Assistant Secretary**

1/9/06

Date

651-243-4800

Daytime Phone #