


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-29-2007 90138 005 \*\*\*\*50.00

<b>DOCUMENT # M03000001912</b> 1. Entity Name <b>GREEN TREE - AL LLC</b>					
Principal Place of Business <b>300 LANDMARK TOWERS 345 ST. PETER STREET ST. PAUL, MN 55102</b>			Mailing Address <b>300 LANDMARK TOWERS 345 ST. PETER STREET ST. PAUL, MN 55102</b>		
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 <b>41-1809249</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GREEN TREE LICENSING, LLC      <input type="checkbox"/> Delete 1100 LANDMARK TOWERS, #345 ST. PETER ST. SAINT PAUL, MN 55102</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DONIGER, WILLIAM B      <input checked="" type="checkbox"/> Delete 1345 AVENUE OF THE AMERICAS 46TH FLOOR NEW YORK, NY 10105</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Peter M. Smith 1345 Avenue of the Americas, 46th Floor New York, NY 10105      <input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP COREY, BRIAN F      <input type="checkbox"/> Delete 1100 LANDMARK TOWERS, #345 ST. PETER ST. SAINT PAUL, MN 55102</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP/S Brian F. Corey      <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPT ANDERSON, KEITH A      <input type="checkbox"/> Delete 1100 LANDMARK TOWERS, #345 ST PETER ST. SAINT PAUL, MN 55102</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP KALLIGHER, JOHN R      <input type="checkbox"/> Delete 1700 LANDMARK TOWER, #345 ST. PETER ST. SAINT PAUL, MN 55102</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS LAMB-LINDOW, WANDA      <input type="checkbox"/> Delete 300 LANDMARK TOWERS, #345 ST. PETERS ST. SAINT PAUL, MN 55102</b>		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.					
<b>SIGNATURE:</b> <u>Wanda J. Lamb-Lindow</u> <b>Wanda J. Lamb-Lindow</b> 1/5/07      /651.293.4800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Notary Secretary      Daytime Phone #</small>					