

FILED

Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90119 017 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-1809249	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			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	P SMITH, PETER M <input checked="" type="checkbox"/> Delete 1345 AVENUE OF THE AMERICA 46TH FLOOR NEW YORK, NY 10105		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Keith A. Anderson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1100 Landmark Towers, 345 St. Peter Street St. Paul, MN 55102	
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP COREY, BRIAN F <input checked="" 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	AVP KALLIGHER, JOHN R <input checked="" type="checkbox"/> Delete 1700 LANDMARK TOWER, #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. PETERS 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>			Date: <u>3/16/08</u> Daytime Phone #: <u>651-293-5532</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <u>Wanda J. Lamb-Lindow, Assistant Secretary</u>					

60006110



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