

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001077

FILED
Feb 07, 2012
Secretary of State

Entity Name: GREEN TREE HOME LENDING LLC

Current Principal Place of Business:

300 LANDMARK TOWERS
345 ST. PETER STREET
ST. PAUL, MN 55102

New Principal Place of Business:

Current Mailing Address:

300 LANDMARK TOWERS
345 ST. PETER STREET
ST. PAUL, MN 55102

New Mailing Address:

FEI Number: 26-4479182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GREEN TREE CREDIT SOLUTIONS LLC
Address: 1100 LANDMARK TOWERS 345 ST. PETER ST.
City-St-Zip: SAINT PAUL, MN 55102

Title: P
Name: ANDERSON, KEITH A
Address: 1100 LANDMARK TWRS, 345 ST. PETER STREET
City-St-Zip: ST. PAUL, MN 55102

Title: SVPS
Name: COREY, BRIAN F
Address: 1100 LANDMARK TWRS, 345 ST. PETER STREET
City-St-Zip: ST. PAUL, MN 55102

Title: SVPT
Name: COLLINS, CHERYL A
Address: 1100 LANDMARK TWRS, 345 ST. PETER STREET
City-St-Zip: ST. PAUL, MN 55102

Title: VP
Name: VAN HOUSE, JAMES P
Address: 7360 SOUTH KYRENE ROAD
City-St-Zip: TEMPE, AZ 85283

Title: AS
Name: LAMB-LINDOW, WANDA J
Address: 300 LANDMARK TOWERS, 345 ST. PETER STREET
City-St-Zip: ST. PAUL, MN 55102

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 LAMB-LINDOW

AS

02/07/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date