


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90040 005 ****50.00

DOCUMENT # M97000000022	
1. Entity Name WALKER & DUNLOP GP, LLC	

Principal Place of Business 7500 OLD GEORGETOWN ROAD, SUITE 800 BETHESDA, MD 20814	Mailing Address 7500 OLD GEORGETOWN ROAD, SUITE 800 BETHESDA, MD 20814
--	--

2. Principal Place of Business 7501 Wisconsin Avenue Suite, Apt. #, etc. Suite 1200 City & State Bethesda, MD Zip 20814 Country Montgomery	3. Mailing Address 7501 Wisconsin Avenue Suite, Apt. #, etc. Suite 1200 City & State Bethesda, MD Zip 20814 Country Montgomery
--	--

08182004 Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2002612	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

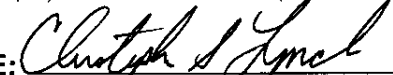
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, MALLORY 7501 WISCONSIN AVE STE 1200 BETHESDA, MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YAVINSKY, MERRILL A 7501 WISCONSIN AVE STE 1200 BETHESDA, MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYNCH, CHRISTOPHER S 7501 WISCONSIN AVE STE 1200 BETHESDA, MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:  **Christopher S. Lynch** **9/08/04** **(301) 215-5500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #