

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
97 SEP 23 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
**A93000000818**

HOME MORTGAGES OF THE PALM BEACHES, LTD.

98-AR  
CM

Mailing Address

Principal Office Address

4500 PGA BOULEVARD, SUITE 301  
PALM BEACH GARDENS FL 33418

4500 PGA BOULEVARD, SUITE 301  
PALM BEACH GARDENS FL 33418

3. Date Formed or Registered

08/06/1993

5a. Capital Contributions as Shown on record.

\$288,000.00

3a. Date of Last Report

10/14/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0422568

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

OWEN, JACK B JR.  
4500 PGA BLVD., SUITE 301  
PALM BEACH GARDENS FL 33418

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

HOME MORTGAGE COMPANY OF THE

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

4500 PGA BOULEVARD, S

11b. City, State & Zip Code

PALM BEACH GARDENS FL

11c. Registration/Document Number

P93000043142

700002304107--5  
-09/25/97--01124--002  
\*\*\*\*541.25 \*\*\*\*541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Jack B. Owen, Jr.*

Jack B. Owen, Jr. Pres. DATE

9/11/97

Typed or Printed Name of General Partner Signing Form

Home Mortgage Company of the Palm Beaches

Daytime Telephone Number

(561) 627-2112

CR2E003 (6/97)