

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

STATE OF FLORIDA
DIVISION OF CORPORATIONS
99 APR -1 PM 3: 32

1. Name of Limited Partnership

1a. DOCUMENT #
A98000000093

ALLIED HOME MORTGAGE, LTD.



Mailing Address

444 BRICKELL AVENUE, SUITE 601
MIAMI FL 33131

Principal Office Address

444 BRICKELL AVENUE, SUITE 601
MIAMI FL 33131

3. Date Formed or Registered

01/05/1998

5a. Capital Contributions as Shown on record

\$10,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date

\$ 25,000.00

4. State or Country of Formation

FL

2. Mailing Address

One S.E. 3rd Avenue
Suite, Apt. #, etc.

2a. Principal Office Address

One S.E. 3rd Avenue
Suite, Apt. #, etc.

15th Floor
City & State

Miami, Fl.

Zip Country
33131 Dade

15th Floor
City & State

Miami, Fl.

Zip Country
33131 Dade

6. FEI Number

65-0801879

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

WEIDER, NORMAN S ESQ
100 S.E. 2ND STREET, SUITE 3910
MIAMI FL 33131

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)

ALLIED HOME MORTGAGE, L.C.
n/k/a
HOME MORTGAGE MANAGEMENT, L.C.

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

444 BRICKELL AVENUE,

11b. City, State & Zip Code

MIAMI FL 33131

11c. Registration/
Document Number

L97000000838

000002832520-7
-04/07/99--01089--012
****263.75 ****263.75

bk

4/1/99

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

12. I do 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

Michael Kaplan

DATE

3/12/99

Typed or Printed Name of General Partner Signing Form

Michael Kaplan

Daytime Telephone Number

305-377-2238

CR2E003 (12/98)