


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 04 JUL -6 PM 12: 56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B0000000204	
1. Entity Name COUNTRYWIDE HOME LOANS SERVICING, L.P.	

Principal Place of Business 4500 PARK GRANADA CH-11 CALABASAS, CA 91302	Mailing Address 26745 MALIBU HILLS RD. MH-11 CALABASAS HILLS, CA 91301
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5220 Las Virgenes RD AC-11 Suite, Apt. #, etc.
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City & State	City & State Calabasas, CA
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Zip	Country	Zip	Country
		91302	USA



04222004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	

9. Capital Contributions as Shown on record: \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F00000003679	STREET ADDRESS	
NAME	COUNTRYWIDE GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	4500 PARK GRANADA CH-11		
CITY-ST-ZIP	CALABASAS, CA 91302		
DOCUMENT #		STREET ADDRESS	600039319576
NAME		CITY-ST-ZIP	07/20/04--01008--006 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <i>Teresa C. Palma</i>	04/27/04	(818) 871-4858
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>