

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 MAR -1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02052007 No Chg-LP CR2E003 (12/06)

DOCUMENT # B00000000204
1. Entity Name
COUNTRYWIDE HOME LOANS SERVICING, L.P.



Principal Place of Business
4500 PARK GRANADA CH-11
CALABASAS, CA 91302

Mailing Address
8521 FALLBROOK AVENUE
WH-11
WEST HILLS, CA 91304

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4797107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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	
DOCUMENT #	F00000003679
NAME	COUNTRYWIDE GP, INC.
STREET ADDRESS	4500 PARK GRANADA CH-11
CITY-ST-ZIP	CALABASAS, CA 91302
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700091017457
03/05/07--01027--023 **500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Pamela Murphy 02/26/2007 (818) 316-8454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Pamela Murphy, Assistant Secretary