


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 MAR 21 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300014435453  
03/21/03--01017--005--\*\*526.25

<b>DOCUMENT # B0000000204</b> 1. Entity Name <b>COUNTRYWIDE HOME LOANS SERVICING, L.P.</b>	
--	---

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

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>26745 Malibu Hills Rd.MH-11</b>  Suite, Apt. #, etc.
---	---



City & State City & State <b>Calabasas Hills, CA 91301</b>	4. FEI Number <b>95-4797107</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>91301</b>	Country <b>Los Angeles</b>	5. Certificate Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2625</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="text-align: right;"> <b>FL</b>      Zip Code                 </div>
---	--

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.

9. Capital Contributions as Shown on record: <b>\$250,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
--	---	--

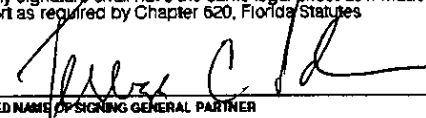
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

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	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Teresa C. Palma**  **3/18/03** **(818)871-2378**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #