

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000622

1. Entity Name

CH MORTGAGE COMPANY I, LTD.

Principal Place of Business

4515 SETON CENTER PARKWAY, SUITE 200
AUSTIN TX 78759

Mailing Address

4515 SETON CENTER PARKWAY, SUITE 200
AUSTIN TX 78759-5784

2. Principal Place of Business

Suite, Apt. #, etc.
Suite 110

3. Mailing Address

1901 Ascension Blvd.

Suite, Apt. #, etc.
Suite 100

City & State

City & State
Arlington, TX

Zip

Country

Zip
76006

Country

4. FEI Number

74-2853239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSHING, MARY JO
3000 GOVERNOR'S SQUARE BLVD., SUITE 106
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Plantation

FL

Zip Code
33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

8-11 Filed 4-28-00
945,044.00

10. Amount of Capital Contributions
in FLORIDA to date.

945,044.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # F97000006097
NAME CH MORTGAGE COMPANY GP, INC.
STREET ADDRESS 4515 SETON CENTER PARKWAY, SUITE 200
CITY - ST - ZIP AUSTIN TX 78759

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 1901 Ascension Blvd., Suite 100
CITY - ST - ZIP Arlington, TX 76006

STREET ADDRESS 400003243874-- 5
CITY - ST - ZIP -05/09/00--01013--029
****526.25 ****526.25

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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: Stacey H. Dwyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
00 APR 28 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (1/99)