LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001329

1. Entity Name
AT- HOME MORTGAGE ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE

FILED

2004 MAY -7 P 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

2. Principal Place of Business	3. Mailing Address
2728 NORTH HARWOOD ST.	2728 NORTH HARWOOD ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DALLAS TX	City & State: DALLAS TX
Zip: 75201 Country: US	Zip: 75201 Country: US

4. FEI Number: 47-0856789 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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.

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

9. Capital Contributions as Shown on record. 24,995.00

10. Amount of Capital Contributions in FLORIDA to date. 0.00

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 #	M01000002724	STREET ADDRESS	600035727026
NAME	CTX MORTGAGE VENTURES, LLC		
STREET ADDRESS	2728 NORTH HARWOOD ST.	CITY-ST-ZIP	05/06/04--01076--015 **193.75
CITY-ST-ZIP	DALLAS TX 75201		
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CR2E003B (12/01)

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: [signature] JANET ERICKSON, ASST VP for GP — 5/3/04 — (214)981-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #