

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 12 AM 8:55



3x 11/14/96

1. Name of Limited Partnership CYPRESS FINANCIAL LIMITED		1a. DOCUMENT # A22517	
Mailing Address 5900 N. ANDREWS AVENUE SUITE 627 FT. LAUDERDALE FL 33309		Principal Office Address 5900 N. ANDREWS AVENUE SUITE 627 FT. LAUDERDALE FL 33309	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 05/08/1986	
		3a. Date of Last Report 12/04/1995	
		4. State or Country of Formation TX	
		5a. Capital Contributions as Shown on record \$29,000,500.00	
		5b. Amount of Capital Contributions in FLORIDA to date: 0	
		6. FEI Number 76-0188901 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent DOWNEY, STUART D 5900 N. ANDREWS AVENUE SUITE 627 FT. LAUDERDALE FL 33309		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
--	--	--	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) REO HOLDING COMPANY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 130 KEARNY ST., STE.	11b. City, State & Zip Code SAN FRANCISCO CA 9410	11c. Registration/Document Number F93000001293
500002008855--0 -11/19/96--01164--020 ****576.25 ****576.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Frederick J. McIntosh

Daytime Telephone Number

(415) 394-3015

CR2E003 (6/96)